THE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

14943 CERTIFICATE OF DEATH

										35		-
PLACE OF DEAT	Н					ESIDE	NCE (Whare d	aceasad lived, If		esidanc	a bafore	a dmissign
	ontg	omery		MARYLAND	a. STATE	Vi	rginia	b. COUN	TY			V
b. CITY OR TOWN	(if outside	corporata limits,	c. L	ENGTH OF STAY IN 16	c. CITY OR		100	porata limits, write	RURAL and	giva n	aarast tov	vn)
write RURAL an		(Rural)	3.10	8 days		S	Arling	ton	82x	(1)	7	
		INSTITUTION (if not	in hospital,		d. STREET			0011	0.3/	- 2		ESIDENC
					1,671	62.2	Stree				YES	A FARM
3. NAME OF	ava.L	Hospital		Middle	4OL4	OUL	4. DATE	Month		Day	Yaa	
(Type or print)		m.a + r t.			A * 7		OF DEATH			_		-
5. SEX	14 00	Edith		M	Ailes 8. DATE OF BIRTI	,		Dece		O,	19 IF UNDER	61 24 HP
. 35/		LOR OR RACE 7. M.					,	last birthday)		Days	Hours	Min.
Female		ucasian WID		DIVORCED	Sept. 27	1	907 1	54 yrs.		1		
On. USUAL OCCUPA done during most of w	TION (Giver orking life	va kind of work 1 s, aven if retired)	Ob. KIND O	F BUSINESS OR INDUS	TRY 11. BIRTHPLA	CE (Cou	unty & Stata, or	forsign country)	12. CITI	ZEN OI	F WHAT	COUNTR
Housewife			7		Penns	ylva	ania		US	SA		
3. FATHER'S NAME					14. MOTHER'S	MAIDEN	NAME					
Alfred H.	McI	antire			Clar	a Hu	ıdson					
S. WAS DECEASED E			16. SOCI.	AL SECURITY NO. 17.	INFORMANT			Addrass				
NO	(it yes give	war or gates of service,			Hospital	Rec	ords					
		Enter only one cause			. 0			01			SET AND	
PART I. DEA		ATE CAUSE (e)	134	roncho go	nis la	ecen	oma	of lun	4		1,01	20
1/63		DUE TO		7				-			U	
Conditions, if an	v. Which											
gava rise to imme		a										
(a), stating tha	underlying	DUE TO										
causa last.	FR SIGNIF	(c)	CONTRIBU	ITING TO DEATH BUT N	OT RELATED TO T	HE TERM	UNAL DISEASE	CONDITION GIV	EN IN PART	1(a) i 19	. WAS	AUTOPS
	LK 3131411	ICAN CONDITIONS	COTTINIDO	THING TO BEATH BOTT	TOT KELATED TO T	TE TENT	III I PIOCE DIOCE				PERFO	ORMED?
PART II. OTH										Y	'ES	NO [
OR CONTRIBUTING	G [] CAU	SE OF DEATH	DESCRIBE	HOW INJURY OCCUR	ED. (Enter natura of	injury ii	n Part I or Part	II of item 18.)				
	Y MEDICA	AL EXAMINER)										
20c. TIME OF INJ Hour a.m.					LACE OF INJURY (1 ectory, street, office			y or town)	(Cour	rty)		(Stete)
Hour a.m.			While I	Not While st work								
-	Hat XX	(this hospital) :	ttended	the deceased from	Nov. 27		19 61 to	Dec. 6	, 19	61,	at &	(we) I
				1961, and th								
	sed all	ve on	/	17	ar death occur	eu ai.	L.a. J. My LIFOI	ii iiie causes	and on n	ile da		b. DATE
22a. SIGNATURE	1	45 No11	/ -	1	ATTENDIN	G_	MED.	STAFF	Daga	who	-	SIGN
14	our	10 CAXERE	rec	1	M.D. PHYS.	0555	DIRECTOR	PHYS.	Dece	ambe	r 0,	196
22c. PHYSICIAN'		BERT E. D	E FOR	EST LT MC U	C C C C C C C C C C C C C C C C C C C		ral Hos	pital, B	ethesd	la.	Md.	
23a. BURIAL, CREMA REMOVAL (Specific		1 /	23c.	. NAME OF CEMETER	OR CREMATORY		23d. LOC	ATION (City, to	vn or county	)	(5	itata)
Burial	"	<u></u>		Arlington :	N tional		Ar.	lington,	Virgi	nia		
TOPPOST DIRECT	My 909	Millerie		ADDRESS		2Sa. R	EC'D BY REGIS	TRAR 256. RE	GISTRAR'S S	IGNAT	URE	
		ral Home	Arlin	orton Va		DATE	DEC 8	'61	7.71.0	0 4		

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after sath. Page 4 may be retained by the hospital or attending physician.

• FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and pletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then prease, remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hours after death. The law requires that the death certificate be executed within 24 hours after VR A15 (4)

15M 7/61

5

peace execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3-Page 5 may TO FUNERAL DIRECTOR. Page 3 should be used as a burial-transit permit. File pages 1 and 2 with or its designated agent, prior to burial, cremation, or removal, and in any event withfury? I hours a

			1		
F	0	R	S	A	TE
any delay is necessary,	e funeral director. Page	etained for your files.	State Board of Kealth,	leath.	明人くノダ
1		be re	h the	fter o	

### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

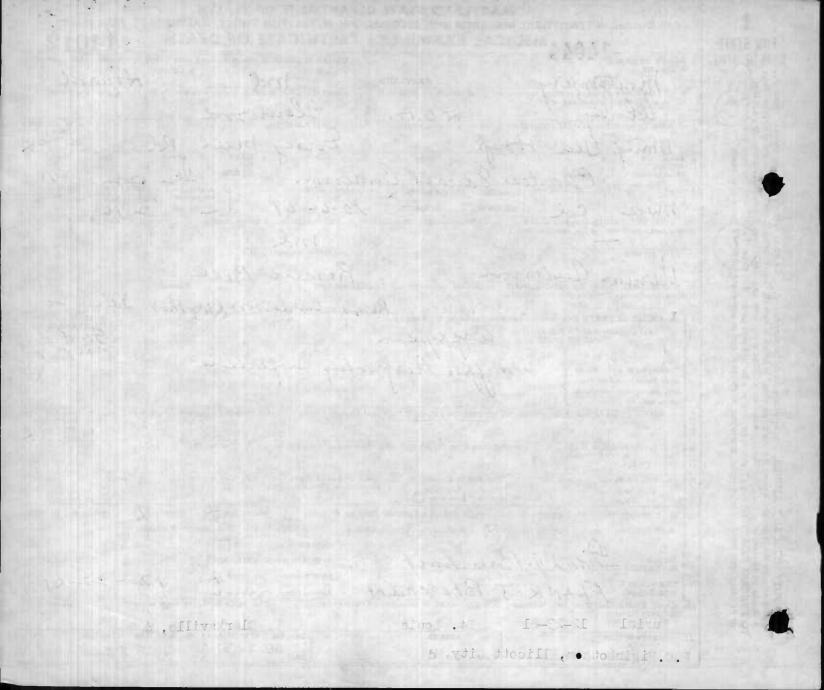
MEDICAL EVAMINED'S CEPTIEICATE OF DEATH

AROLO

TABLE EXAMINER	14012
1. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (Where deceased fived, If institution: Residence before admission
	o. STATE b. COUNTY
b. CITY OR TOWN Moutsida corporate limits,   c. LENGTH OF STAY IN 18	1110
write RURAM and give neerest town)	40.
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. SIREET ADDRESS I o. IS RESIDENCE
d. NAME OF HOST TALL ON INSTITUTION (IF HOT IN NOSPITE), give street eduless)	ON A FARM?
Monty Year Hosp	Borsey mill Rd YES NO V
3. NAME OF First Middle	Lest 4. DATE Month Dey Year
(Type or print)	derson DEATH The 22 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
MADO COD WIDOWED DIVORCED	lest birthdey) Months Days Hours Min.
770000	STRY   11. BIRTHPLACE (State or foreign country)   12, CITIZEN OF WHAT COUNTRY
done during most of working lifa, aven if retirad)	12. CHIZZIN OF WHAT COOKING
	ma
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1 Vor n auderson	Reselve Bill
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	. INFORMANT Address
(Yes, no, or unkown) (Ifyesgive weror detes of service)	1. 1. Gudana Chatte Str. 2
1 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (e) Usphyllia	. Tond die
DUE TO VIA	- I make
Conditions, if eny, which \ (b) author / Leght	noly Sufection
gava rise to immediata causa (a), stating the underlying  DUE TO	
cause lest.	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
NIIO	PERFORMED? YES NO A
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	. (Enter neture of injury In Part I or Part II of item 18.)
PRIMARY Or CONTRIBUTING	, tend hadde of injery in roll for fall to from to.
	PLACE OF INJURY (Homa, ferm, 20f. (City or town) (County) (State) ectory, street, office bldg., etc.)
p.m. 19 at work et work	
21. I certify that I took charge of the remains described above,	held an Autopsy , Inspection , Inquiry , and in my opinion
	sicide . Homicide . Undetermined manner
A Table 1	
ACTUAL TO A B 11.4	CHIEF MEDICAL EXAMINER
SIGNATURE - Manh 4 / Systheet	M.D. ASSISTANT MEDICAL EXAMINER
EXAMINER'S PLANT OF THE PROPERTY OF THE PROPER	DEPUTY MEDICAL EXAMINER 12 - 22-61
NAME (Type) FLANK J. 13 rosehan	Addrass (Straet, city, town, or county)
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 22d. LOCATION (City, town, or country) (State)
Burial 12-23-61 St. Louis	Clarksville_Md
23. FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR   246. REGISTRAR'S SIGNATURE
F C Wiginbothem Ellicott City.Md	DEC 2 6 '61 Chilling & House

VS. AISME 5M 9/60

2013205 XV3



VR A15 (4) 15M 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 3

14045 CERTIFICATE OF DEATH

		E OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)
-	o. cou	ont annera maryland	o. STATE DUN 10. d b. COUNTY MANUTANNON
1	b. CITY	OR TOWN (if outside corporate limits,   c, LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
	TAK	ite RURAL and give neerest flown)	Silver Spring 28
-	d. NAA	ME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS*
	W.	ashington San + HARpital	2001 Hanover St S.1 YES NO THE
	3. NAME DECE		Last 4. DATE Month Dey Yeer
	(Type o	pr print) Walter Hudrew	FliderSoil DEATH DEC. 4 1961
	5. SEX	6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH  9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.     Is birthdey   Months   Deys   Hours   Min.
A	Ma	le White WIDOWED DIVORCED	april 17-1889 72 vrs. Months 1895 Hours
Н	10e. USU/ done durin	AL OCCUPATION (Give kind of work ng most of working life, even if retired)	RY 1 SIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
		Retired - office W	11. 6
	13. FATHE	ER'S NAME	14. MOTHER'S MAIDEN NAME
	un	drew anderson	Hanna Borgenson.
		DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT F. Robert A. Anderson
	No		XXX .12,600 Barbara Road, Silver Spring, Md.
	18. C	CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (*)  Cerebrol  7	Genorhoge 2 hours
	4	43 X DUE TO	
7	Condi	itions, if ony, which ) (b) Herres tenses	in asterioselevolec -
di	geve	rise to immediate cause	^ -
	(e), si	selling the underlying	Henry Meserce
		ART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
)	OR CO		PERFORMED? YES NO X
	OR CO	ONTRIBUTING CAUSE OF DEATH	D. (Enter neture of injury in Pert I or Pert II of item 18.)
		ONTRIBUTING ☐ CAUSE OF DEATH HER, NOTIFY MEDICAL EXAMINER)	
		ONTRIBUTING ☐ CAUSE OF DEATH HER, NOTIFY MEDICAL EXAMINER)  TIME OF INJURY Month, Dey, Year Hour a.m.   20d. INJURY OCCURRED   20e. PL/ While   Not While   fec	
	WEDICAL TOTAL	DITRIBUTING CAUSE OF DEATH HER, NOTIFY MEDICAL EXAMINER)  TIME OF INJURY Month, Dey, Yeer While Not While et work et work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) tory, street, office bldg., etc.)
	20c. 1 20c. 1	ONTRIBUTING CAUSE OF DEATH HER, NOTIFY MEDICAL EXAMINER)  TIME OF INJURY Month, Dey, Yeer Hour a.m. p.m.  19    20d. INJURY OCCURRED   20e. PL. While   19 work   19 et work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) tory, street, office bldg., etc.)
	20c. 1 21.   saw	DATRIBUTING CAUSE OF DEATH HER, NOTIFY MEDICAL EXAMINER)  TIME OF INJURY Month, Dey, Yeer Hour a.m.  19	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete)  tory, street, office bldg., etc.)  19 55 to 2 4 1, that (I) (we) last t death occurred at 3 4, from the causes and on the date stated above.
	20c. 1 21.   saw	DATRIBUTING CAUSE OF DEATH HER, NOTIFY MEDICAL EXAMINER)  TIME OF INJURY Month, Dey, Yeer Hour a.m.  p.m.  19  Certify that (I) (this hospital) attended the deceased from the deceased alive on	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete)  19.55 to M. C
	20c. 1 21. I saw 221.	DATRIBUTING CAUSE OF DEATH HER, NOTIFY MEDICAL EXAMINER)  TIME OF INJURY Month, Dey, Yeer Hour a.m.  p.m.  19  Certify that (I) (this hospital) attended the deceased from the deceased alive on 19 c, and tha SIGNATURE	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete)  19.55 to A.C., 19.61, that (I) (we) last t death occured at \$5.50, from the causes and on the date stated above.  ALD. ATTENDING MED. STAFF SIGNED
	20c. 1 21. I saw 22.	DATRIBUTING CAUSE OF DEATH HER, NOTIFY MEDICAL EXAMINER)  TIME OF INJURY Month, Dey, Yeer Hour a.m.  p.m.  19  Certify that (I) (this hospital) attended the deceased from the deceased alive on	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete)  19.55 to M. C
	20c. 1 21. I saw 221.	DATRIBUTING CAUSE OF DEATH HER, NOTIFY MEDICAL EXAMINER)  TIME OF INJURY Month, Dey, Yeer Hour a.m.  p.m.  19  Certify that (I) (this hospital) attended the deceased from the deceased alive on 19 c  PHYSICIAN'S NAME (Type)  T.MC.F.C.M. BARKHEAD  AL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	ACE OF INJURY (Home, farm, tory, street, office bldg., etc.)  19.55 to M. e.c
13	20c. 1 21. I saw 221.	DNTRIBUTING CAUSE OF DEATH HER, NOTIFY MEDICAL EXAMINER)  TIME OF INJURY Month, Dey, Yeer Hour a.m.  p.m.  19  Certify that (I) (this hospital) attended the deceased from the deceased alive on 19 miles.  PHYSICIAN'S NAME (Type)  T.Martian Bankhead	ACE OF INJURY (Home, farm, tory, street, office bldg., etc.)  19.55 to M. e.c
E	21. I saw 221. I saw 2	DNTRIBUTING CAUSE OF DEATH HER, NOTIFY MEDICAL EXAMINER)  TIME OF INJURY Month, Dey, Yeer Hour a.m. 19 while et work to e	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete)  tory, street, office bldg., etc.)  19.55 to A. C

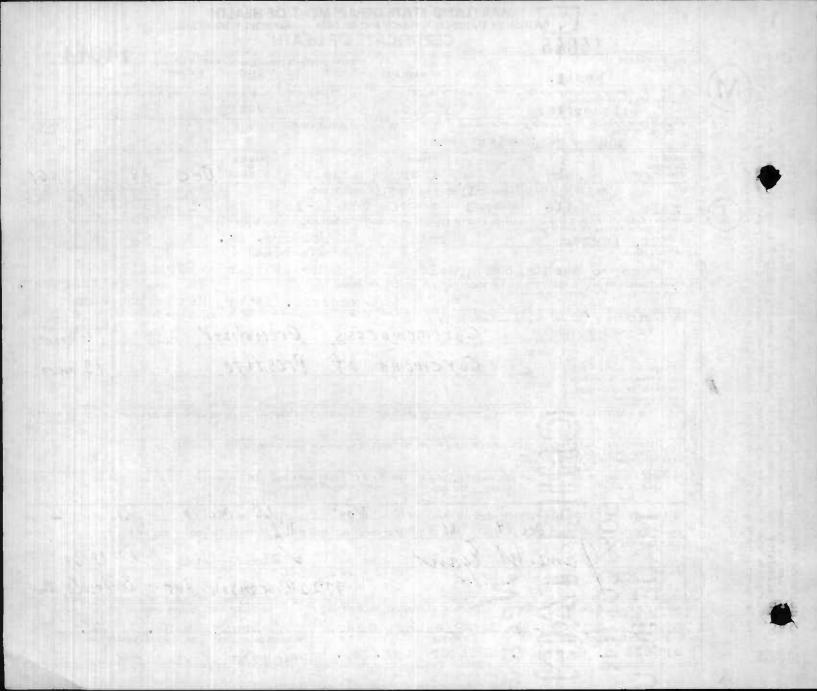
form Stolls (W 1927 1917 1997 1997 the state of the same of the grant In the partition of the world of the 10 Your 2 - 2 - 1 - - El mission of John Benkhend The Parkers of Hotels and the second of the San Control of the San Con 17.

VR A15 (4) 15M 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH

	DIVISION OF	STATISTICAL			 	
07.			RTIFICA			

1. PLACE OF DEATH o. COUNTY Montg.	MARYLAND	2. USUAL RESIDENCE (Who a. STATE Maryl		tion: Residence before admission) Y Mon bg				
b. CITY OR TOWN (If autside carporate limits, w RURAL and give nearest tawn)	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)						
aithersburg	2Yr 8.0	X Gaither	sburg					
d. NAME OF HOSPITAL (If not in haspital, give s OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO A				
Asbury Method								
3. NAME OF DECEASED (Type or print) John	Middle Wilbur	Arnold	OF DEATH Dec	19 Day Yeor 196/				
5. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)					
Male Thite WIE	DOWED DIVORCED	Feb 16-1880		Months Doys Hours Min.				
10a. USUAL OCCUPATION (Give kind of work dane	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State of	or foreign cauntry)	12. CITIZEN OF WHAT COUNTRY?				
during most of working life, even if retired)  Ret. Farmer	Farming	Baltimore	e. Md.	USA				
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME					
George Washingt	on Arnold	Laura Vi	irginia Mar	tzell				
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. II	NFORMANT		dress Galthersburg				
(Yes, no, or unknown) (If yes, give wor or dates of service)		Records. A	Asbury Meth	odist Mome				
Canditions, if dny, which gave rise to immediate cause (a), stating the <u>under-lying couse lost.</u> [Canditions, if dny, which gave rise to immediate cause (a), stating the <u>under-lying couse lost.</u> [Canditions, if dny, which gave rise to immediate cause (b)]  [Canditions, if dny, which gave rise to immediate cause (b)]  [Canditions, if dny, which gave rise to immediate cause (b)]  [Canditions, if dny, which gave rise to immediate cause (c)]  [Canditions, if dny, which gave rise to immediate cause (c)]  [Canditions, if dny, which gave rise to immediate cause (c)]  [Canditions, if dny, which gave rise to immediate cause (c)]  [Canditions, if dny, which gave rise to immediate cause (c)]  [Canditions, if dny, which gave rise to immediate cause (c)]  [Canditions, if dny, which gave rise to immediate cause (c)]  [Canditions, if dny, which gave rise to immediate cause (c)]  [Canditions, if dny, which gave rise to immediate cause (c)]  [Canditions, if dny, which gave rise to immediate cause (c)]  [Canditions, if dny, which gave rise to immediate cause (c)]  [Canditions]  [Canditions]	Carcinoma	, ,	eralized tate	13 mos				
PART II. OTHER SIGNIFICANT CONDITION				IVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO				
OR CONTRIBUTING CAUSE OF DEATH	. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature af injury in P	'art I ar Port II af item 1B.)					
Haur a.m.		ACE OF INJURY (Hame, farm, ctary, street, office bldg., etc.)		(County) (Stale)				
21. I certify that (I) (this haspital) at saw the deceased alive an Dec.		death accurred at 123		nd an the date stated abave.  22b. DATE SIGNED				
y ames n	1 Lyan		PHYS.	12.19.61 SIGNED				
22c. PHYSICIAN'S NAME (Type) James W	. kgan	7720 Wis	consin Ave	Bethesda, mo				
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY C		23d. LOCATION (City, town,					
Burial 12-22-61	Pleasant	Grove 250 REC'S	BY REGISTRAR 256, REG	GISTRAR'S SIGNATURE				
Ernest C. Gartner.				Sur I Hall				



PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY the d MARYLAND and b. CITY OR TOWN (if c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town bγ e. IS RESIDENCE ON A FARM? YES NO 1 3. NAME OF DECEASED (Type or print) DEATH and c 5. SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED last birthday) Months Hours WIDOWED DIVORCED physician 1Da. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? don't during most of working life, even if retired) FOUSE WIFE In any 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (Ifyesgivawarordatasofsarvice) BOCO PINEY BRANCH, INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH physici PART I. DEATH WAS CAUSED BY: cassite. IMMEDIATE CAUSE (a) the burial-transit burial, cremation, Conditions, if any, which gave rise to immediate cause DUETO (a), stating the underlying causa last. certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? as NO 4 20a. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work o.m 23-16 e , 1961, that (1) (we) last attended the deceased from 2. C 19.61., and that death occured at M, from the causes and on the date stated above. saw the deceased alive 22b. DATE 22a. SIGNATURE SIGNED DIRECTOR PHYS. 22c. PHYSICIAN'S ADDRESS Willow ALL NAME (Type) LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. MOVAL 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 Clathur S. Thomas

within 24 hours after

TAO LE CATHER THE THE PARTY OF THE PAR 48291622 1143/E TAKEMA TRUK Toxxony Paril SHE FREY DELICH FEAR 8000 THE SANICH YORK EN FRONHART DECL 25T VER DEIST JAN. 15, 12/10 mg PENNE Housewife Ouptine DAVIO FRYE. LOS MENOSERS Ster Mary and safe Francey R. Exercise Et Base Throng Property Record of the Contract of Decree of the Contract of The same of the same of the Persona Dec , The Wilming Land En Lichter The state of the part of the state of the st

VR A15 (4) 15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14048 CERTIFICATE OF DEATH
14016

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
o. COUNTY MONT 2 MARYLAN	New Jersey Mercer
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN	THE SCIENCE THE PROPERTY OF TH
write RURAL and give heerest town 3 d Zer:	Frinceton 12 17x.3
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat addyss)	d. STREET ADDRESS   a. IS RESIDENCE
Supur pour Hospital	ON A FARM? YES NO F
3. NAME OF First Middle	Last 4. DATE Month Dey Year
(Type or print)	BARRON DEATH Dec 10 1961
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
Female White WIDOWED   DIVORCED	2/9/8 P lest birthdey) Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even it of tred)	USTRY   11. BIRTHPLACE (County & State, or foligin country)   12. CITIZEN OF WHAT COUNTRY?
Lebrarian vot Trinteton	1. Thous D'cotis Comadian
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Knarew 152 row	Maris
	17. INFORMANT Address 379 WZdzucostlit
(Yes, no, or unkown) (Ifyes give wer or detes of service)	Four E (200/ 10 1/ - 12 Mil
18. CAUSE OF DEATH [Enter only one ceuse per time fog (e), (b) and (c).]	INTERVAL SETWEEN
PART I. DEATH WAS CAUSED BY:	wa of Will Dandeu ONSET AND DEATH
IMMEDIATE SISE (e)	of suggestion
DUE TO CONTRACTS	aller viellerozia
Conditions, if eny, which geve rise to immediate ceuse	arran sour goo
(e), steting the underlying DUETO	and Rederingaloneri
ceuse lest. (c) Cetterate	yeu arminosacios
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CA1	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH AV	URED. (Enter nature of injury in Pert I or Pert II of Item 18.)
	PLACE OF INJURY (Home, ferm,   20f. (City or town) (County) (State)
Hour e.m. Whila Not While	fectory, street, office bldg., etc.)
	10 000 10 11
21. I certify that (i) (this hospital) attended the deceased from	om spring 1960 to 000 10 , 1961, that (1) last
	that death occurred at J. P.M., from the causes and on the date stated above.
220. SIGNATURE / Ames W. Feran	ATTENDING MED. STAFF M.D. PHYS. DIRECTOR PHYS.   226. DATE  226. DATE  227. DATE  228. DATE  229. DATE  220. DATE  220. DATE
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
James W. Egan	7720 Wisconsin Avenue, Bethesda Md
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETI REMOVAL (Specify)	
Barial-Transit 12/11/61 St. Paul	L Cemetery Princeton, New Jersey
24 EUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Robert A. Pumphrey, Bethesda, Man	ryland DATE DEC 13'61 Only & King

I MARKEDINE en en and the state of t The best dear the printer of 5000 Williamsth Da Anna L. Barron . Steen Co Female Whote Company of the State of the THE REST OF THE PROPERTY OF TH The tell for of the orangen Consular afferment Cleure Street Colores Elected 7720 Maconsin Avenue, Berheeln Md. Impe W. Egen Sarkel-Transit 12/11/61 St. Revl Gewatery Princeton, New Jerpey Robert A. Dumphrev, Satheada, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH D

DIVISION OF STATISTICAL 14049	RESEARCH AND RECORDS, 301 W. PRESTON S CERTIFICATE OF DEATH	STREET, BALTIMORE 1, MARYLAN 1401
PLACE OF DEATH	II 2 HEILEL BEGIDENIC	TR (Where deceased lived If institution, Residence

1. PLACE OF DEATH				stitution: Residence before edmission)
Montgome	ry maryland	e. STATE Marvl	b. COUNT	S+ Manne
b. CITY OR TOWN (if outside corporate li write RURAL end give neerest town) Bethesda	mils, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF C	outside corporate limits, wrîte l Scotland	RURAL end give neerest town)
d. NAME OF HOSPITAL OR INSTITUTION	(if not in hospital, give street address)	d. STREET ADDRESS	1	o. IS RESIDENCE ON A FARM?
Resmore San	itarium & Hospital			YES NO
3. NAME OF Fil		Last	4. DATE Month	Dey Year
(Type on print)	rry Alexander	Beal	Decem Decem	hem 10 19 61
5. SEX 6. COLOR OR RAC		B. DATE OF BIRTH	9. AGE (In years	FUNDER 1 YEAR IF UNDER 24 HRS.
Male White	WIDOWED TO DIVORCED	Feb. 1872	2 89 yrs.	Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of w. done during most of working life, even if ret	ork   10b. KIND OF BUSINESS OR INDUSTRI		& Stete, or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
7 7			? ?	
15. WAS DECEASED EVER IN U.S. ARMED FO		INFORMANT	Address	
(Yes, no, or unkown) (Ifyesgivewerordetesc	(fservice)	Hospital Reco	rds Same as	# 2 above
18. CAUSE OF DEATH [Enter only o	ne ceuse per line for (e), (b), end (c).]	mospi dai mood	tub build ab	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:		CHIAR (	2111 205/	ONSET AND DEATH
IMMEDIATE CAUSE (		C & 11/0-	CLLITTIC	14 10 66 16
	annillary	ANTENV	1156451	E STYGON
geve rise to immediate cause		1101615	V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	( LIIIC
(e), steting the underlying couse lest.		CLENOS	15 66 111	KOT VEAM
	DITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINA	L DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CON  L. L. L. A. L.  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEAT  OF THE THER, NOTIFY MEDICAL EXAMINE	& TRACT INFE	CTON WITE	4 UREM	YES NO IN
OR CONTRIBUTING CAUSE OF DEATH		D. (Enter neture of injury in Pe	rt I or Pert II of item 18.)	
20c. TIME OF INJURY Month, Dey, Hour e.m. p.m. 19	While Not While fee	ACE OF INJURY (Home, farm, story, street, office bldg., etc.)	20f. (City or town)	(County) (Stele)
21. I certify that (I) (this hose saw the deceased alive on	pital) attended the deceased from.	/ .	M, from the causes a	19.4.(., that (I) (we) last and on the date stated above.
220. SIGNATURE	18 2,500	ATTENDING ME	7-	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) CO CHARL	ES S. SAVAROS	EIN- 22d. ADDRESS & S	96 BATTER	Pane 1
23e. BURIAL, CREMATION, 23b. DATE TH	HEREOF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tow	n or county) (State)
Burial 12/12/	61 St. Michael	els	Ridge,	Md.
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 256. REG	N 14
W.Clarke Mattinglev	Leonardtown, Maryla	nd DATE	EC 15'61 C	Luchard in Turne

TO COPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

TO COPITAL OR ATTENDING PHYSICIAN: The hospital or attending physician and calculated by the attending physician and calculated by the funeral or attending physician and calculated by the funeral or attending physician and calculated by the funeral calculat

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St. Harry a

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larry Alexander beel Decembe IV.

Male Mito X Per. 1872 89

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CARD VALUE COLLEGE COLLEGE

10.15 10.15 10.15 10.15 10.15 10.15 10.15 10.15 10.15 10.15 10.15 10.15 10.15 10.15 10.15 10.15 10.15 10.15 10

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CARLES A SACOLAS CONTRACTOR CONTR

Buriel 12/12/61 St. Michaels .05427

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE

\*\*CERTIFICATE\*\* OF DEATH 14050

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where daceesed lived, if Institutions	Rasidenca before admission)
Montgomery Maryland	Maryland b. COUNTY Mon	tgomerv
b. CITY OR TOWN (if outside corporete limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL e	
olney 3 weeks	X Rural- Lewisdale	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give streat eddress)	d. STREET ADDRESS	a. IS RESIDENCE
Montgomery Gen. Hospital	RFD Clarksburg	YES NO
3. NAME OF First Middle DECEASED (Type or ngint)	Lest 4. DATE Month OF	Day Year
5. SEX   6. COLOR OR RACE   7. MARRIED   B-B	. DATE OF BIRTH 9. AGE (In years   IF UNDER	
	[11] V 21 1893   lest birthdey)   Months	Days Hours Min.
10a. USUAL OCCUPATION (Giva kind of work   10b. KIND OF BUSINESS OR INDUSTR		TIZEN OF WHAT COUNTRY?
Housewife Own home	Lewisdale, Md.	USA
13. FATHER'S NAME		
Filmore Lewis	Olive M. Watkins	
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yas, no. or unkown) (Ifyasgivawerordalasofservica)  None		
1.0110	fr. Leslie G. Beall, Item	The second second
18. CAUSE OF DEATH [Enter only one causa par line lor (a), (b), and (c).]	7	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary C		Immediate
4) O DUE TO Generalized Arte		
Conditions, if any, which (b) Coronary Scleros	sis .	8 years?
geva rise to immediate cause  (a), stating the underlying  DUE TO Discuss a with Gard	eriosclerotic Cardio-vasc	
causa lest. Disease with Con	ngestive Heart Failure.	5 years?
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAI	RT 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NO DIABOTE SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NO DIABOTE SIGNIFICANT CONTRIBUTING TO BEATH BUT NO CONTRIBUTING T	ongestive Heart Failure	YES NO
= 200. LOCEMP WAS UNDELVING AT TOOL WE CHAR ADVANTANT COURSE	anding Wasculas Idas se	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
Hour a.m. While Not While fect	CE OF INJURY (Homa, farm, 201. (City or town) (Coory, street, office bldg., atc.)	unty) (Slete)
21. I certify that (I) (this hospital) attended the deceased from	Jan 1935 to December 3	0 - that (1) 4634 last
saw the deceased alive on Dec 30 1961, and that	double accuracy of the from the course and on	the date stated above
22a, SIGNATURE	dean occured al	22b. DATE
2 & Kendre Donar M	D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	12/3196
PHYSICIAN'S NAME (Type) M. McKendree Boyer, M.	D. 9830 Main Street, Damas	cus, Maryla
238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or cour	nty) (State)
REMOVAL (Specify)		
Burial Jan. 2, 1962 Bethesda M	ethodist Browningsvill	Md.
Burial Jan. 2, 1962 Bethesda M 24 FUNERAL PURECTOR'S SUCH ATURE OLS WORTH DAMASCUS,	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE

within 72 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician.

To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and a director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within OSPITAL VR A15 (4) 15M 9/60

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Jacombew 35 451

Vii amote of the

1803 1803 18 WELL

Housewife Can bone Lewisdale, Ed.

Dityo L. Matting

Mr. Logica D. Foull, Item 2

Carana as I el Manna - Corora - Consulador de perfeto.

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CONTROL OF THE PRESENCE OF SURES, IN THE PRESENCE OF THE PROPERTY OF THE PROPE

derial | Jan. 2, 1962 Betheada Methodist Browningsville, 14.

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Edition of the Edition

Filmore Louis

CAUNERAL DIRECTOR: After this certificate has been signed by the attending physician.

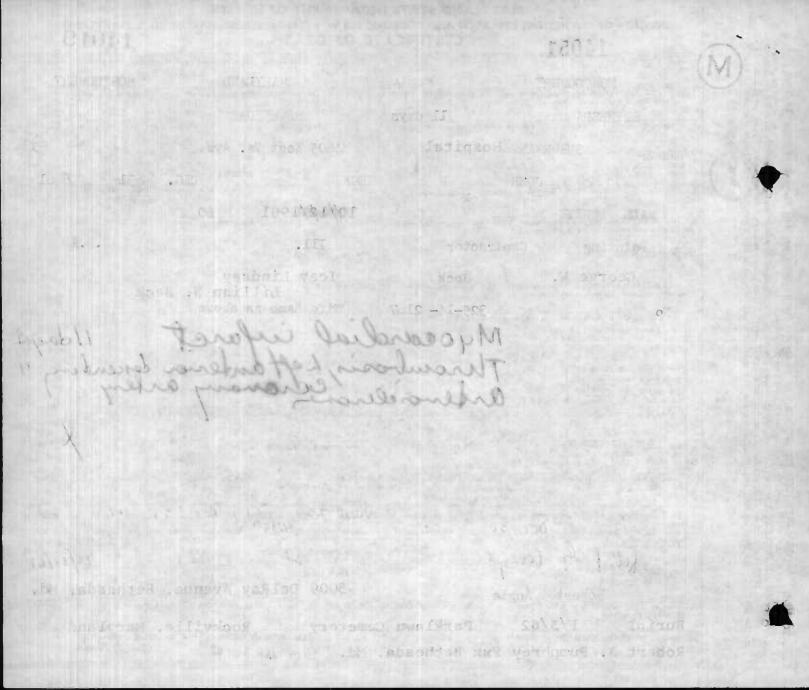
CAUNERAL DIRECTOR: After this certificate has been signed by the attending physician and the signed by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60 ox

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14051 CERTIFICATE OF DEATH
14019

1. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission)
MONTGOMERY MARYLAND	MARYLAND b. COUNTY MONTGOMERY
b. CITY OR TOWN (if outside corporete limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporeta limits, write RURAL and give neerest town)
write RURAL and give neerest town)	5 A DEBUTEDA
BETHESDA 11 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	BETHESDA  6 d. STREET ADDRESS  1 e. IS RESIDENCE
	ON A FARM?
3. NAME OF SUBURBAN HOSPITAL	4605 West Va. Ave
DECEASED (Type or print)	OF
-TOHN M	BECK DEC. 31 8 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
MATE WHITE WIDOWED DIVORCED	10/12/1901 60 yrs.
De. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. LATINPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	TII. U.S.A
13. FATHER'S NAME Contractor	14. MOTHER'S MAIDEN NAME
Coorde W Book	Icey Lindsay
	Lillian S. Addr Beck
(Yas, no, or unkown) (Ifyesgivewaror detes of sarvice)	
18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c).]	Wife Same as above
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a)	the against manys
DUE TO	a latter la
Conditions, if eny, which geve rise to immediate cause	sis, 291 anterior corcerous
(a), stating the underlying DUE TO	(coronary dufly)
ceuse last. (c) Charles el	hong
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20b. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH OR CENTRIBUTING TO DEATH BUT NO  OR CONTRIBUTING TO DEATH BUT NO  OR C	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CCAT	YES NO
208. ACCIDENT WAS UNDERLYING   206, DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH	O. (Enter neture of injury in Part I or Part II of Item 18.)
	ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)
Hour a.m.  p.m.  19 et work et work	ory, sireel, onice ordg., etc.)
	NUNE 22 , 1961, to DEC 31 , 1961, that (1) (ave) last
	death occured 3.35 M, from the causes and on the date stated above.
22e. SIGNATURE	22b. DATE
	ATTENDING MED. STAFF
22c. PHYSICIAN'S	A.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS
NAME (Type)	5009 DelRay Avenue, Bethesda, Md.
Robert Angle	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	
	emetery Rockville, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE  Md 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE  And 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
Robert A. Pumphrey Thin Bethesda,	Md. DATE JAN 3 02 Chimy 2. Mans

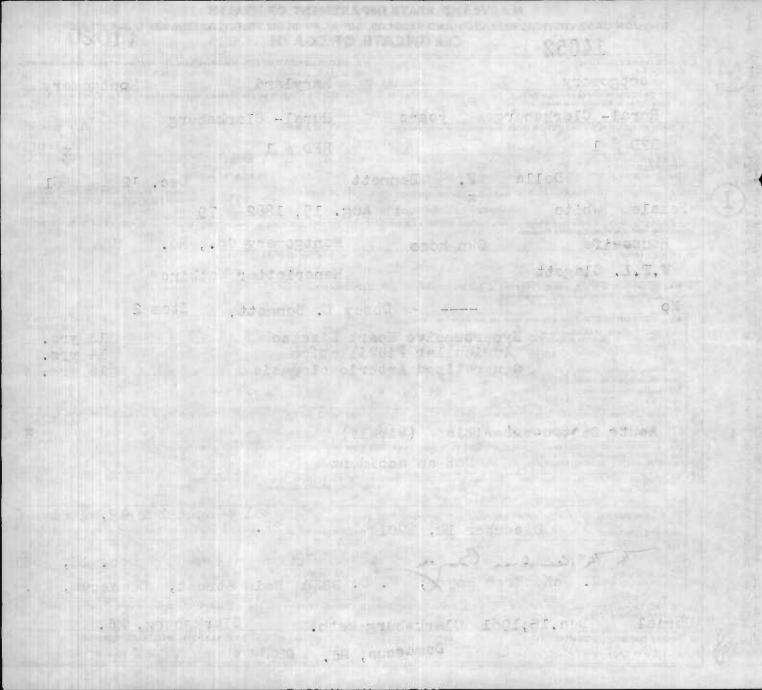


VR A15 (4) 15M 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
17059 CERTIFICATE OF DEATH
14020 14052

1.	PLACE OF DEATH					CE (Where	deceesed lived, If I		dence before	admission)
	Montgomery		MARYLAND	e.	Marvla	200	b. COUN		4	
	b. CITY OR TOWN (if outside corporate limit	ts, 1	c. LENGTH OF STAY IN 16	- C.			rporata limits, write	RURAL and a	tgomer	T V
	write RURAL end give neerest town)			V						
-	Rural - Clarkst	urg	years	-	Rural-	-Clar	ksburg		1 10 0	respectives.
		f not in hospit	tal, giva strael address)	d.	STREET ADDRESS					A FARM?
	RFD # 1				RFD #	1			YES	NO
	NAME OF First DECEASED		Middla		Last	4. DATE	Month		Dey Yee	r
	(Type or print) Dell		F. Benne	ett		DEAT	H Dec	. 12	196	57
5.	SEX 6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE	OF BIRTH		9. AGE (In years			
]	Female White	WIDOWED		Aug	. 15. 1	882	last birthdey) 70 yrs.	Months De	ys Hours	Mln.
10a	. USUAL OCCUPATION (Give kind of working during most of working life, even if retire	10b. KIN	D OF BUSINESS OR INDUS	TRY 11.	BIRTHPLACE (Cour		or foreign country)	12. CITIZE	N OF WHAT	COUNTRY?
	Housewife		wn home		Montgom	ery C	o. Ma	TI	SA	
13.	FATHER'S NAME	1	MII HOILE		OTHER'S MAIDEN		00, 1100	1 0	UAL	
	W.F.L. Clagett				Henerie	tter	Watkins			
	WAS DECEASED EVER IN U.S. ARMED FOR s, no, or unkown)   (Ifyes give were references		OCIAL SECURITY NO. 17.	INFOR	MANT		Address			
	No	,	Do	1501	L. Ben	natt	Ite	m 2		
	18. CAUSE OF DEATH [Enter only one	ceuse per line	e for (e), (b), and (c).]	Judy	Tie Deti	Herry,	200	111 -	INTERVAL BET	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Hyner	tensive He	ort.	Digeoge	2			ONSET AND	_
	4 4 3 DUE TO		cullar Fib						15 yrs.	
								M. M. M.	14 yr:	3.
	Conditions, if eny, which (b)	Gener.	alized Art	er.rc	screros	315			15 yr	s. ?
	(a), steting the underlying DUE TO									
1.1	cause lest. (c)									
8	PART II. OTHER SIGNIFICANT CONDI	TIONS CONTE	RIBUTING TO DEATH BUT N	OT RELAT	TED TO THE TERMI	NAL DISEASI	CONDITION GIV	EN IN PART 1		UTOPSY RMED?
CATION	Acute Gastro-e	enteri	tis (Vir	al?)					-	NO X
CERTIFIC	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		Not an acc	. 1	0.000	Pert I or Pert	Il of item 18.)			
	20c. TIME OF INJURY Month, Dey, Ye				NJURY (Home, fare	m. ' 2Df. (Ci	ty or town)	(County	1	(Stete)
MEDICAL	Hour a.m.	Whila at work	Not While fa		et, office bldg., atc		.,,	(000,117)	,	(5,5,5)
	21.   certify that (I) (this hospi	al) attende	ed the deceased from			1947 to	Decemb	er 192	that 96	lwe) last
	saw the deceased alive on									
	22e. SIGNATURE							23 0 1110		DATE
П	The Willend	enan (	Sau	M.D. PI	iys. 🔀 I	MED. DIRECTOR	STAFF PHYS.	Dec	. 13,	SIGNED
	22c. PHYSICIAN'S M. McKer	dree	Boyer, M.	77	d. address 9830 M	lain S	street,	Dama	scus,	Md.
23e	BURIAL, CREMATION, 236. DATE THE	EOF :	23c. NAME OF CEMETERY	OR CRE	MATORY	23d. LO	CATION (City, tow	n or county)	(5	tete)
B	REMOYAL (Spacify) Dec.15	1961	Clarksbur	or Me	th	C.	larksbu	rg. Ma		
	FUNERAL DIRECTOR'S SIGNATURE	1/	ADDRESS	STIE			STRAR 25b. REC			
-	Olin L. Molerum	the	Damascu	s M	d. DATE			in I the		
	7-2011			J , 1	O DATE		3,27047	7 .00		



etely filled in by the funeral papers. Pages 1 and 2 should 72 hours after death. The law requires that the death certificate be executed within 24 hours after event, within and a HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be page 4 may be retained by the hospital or attending physician.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please remove carbo be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, wi

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
17.052 CERTIFICATE OF DEATH
14021 14053

	1. PLACE OF DEATH - a. COUNTY	2. USUAL RESIDENCE (Whara daceasad lived, If institution: R	asidanca bafora admission)				
7		a. STATE b. COUNTY	V				
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and	giva naarast town)				
	Silver Spring, Md. 4mo.	Washington D.C.	47X.3				
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	IS RESIDENCE     ON A FARM?				
	Althea Woodland , 1000 Daleview Drive	4607 Conn. Ave. N.W.	YES NO G				
	3. NAME OF First Middle DECEASED	Last 4. DATE Month OF	Day Yaar				
	(Type or print)	ennett December 17	7 1961				
	22020	. DATE OF BIRTH 9. AGE (In years   IF UNDER 1					
			Days Hours Min.				
	Temere Willer	C.P.C.	ZEN OF WHAT COUNTRY?				
	dona during most of working lifa, even if ratired)						
1	Clerk General Accouting office		S.A.				
)	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	Wesley Francis Havener	Martha Ann Cleary					
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. I	NFORMANT Address					
	(Yas, no, or unkown) (Ifyasgivawarordatasofservica)	- Plais U Bonnett					
	18. CAUSE OF DEATH [Entar only one cause per line (9/1a), (b), and (c).]	s. Elsie H. Bennett,	I INTERVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY:	salu accident	ONSET AND DEATH				
	IMMEDIATE CAUSE (a)		1.00				
	DUE TO						
Я	Conditions, if any, which (b)		Jus				
Ì	gave rise to immadiate cause DUE TO						
	cause last. (c)						
9	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  208. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW NJURY OCCURED.  OR CONTRIBUTING   CAUSE OF DEATH  III EITHER, NOTIFY MEDICAL EXAMINER)	erlab	YES NO				
	208. ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOW MURY OCCURED. (Enter natura of injury in Part I or Part II of itam 18.) OR CONTRIBUTING [] CAUSE OF DEATH OF CONTRIBUTING [] C						
	20c. TIME OF INJURY Month, Day, Yaar 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Homa, farm, 2Df. (City or town) (County) (State)  Hour a.m. 49 at work at work at work 19 at wor						
	Hour e.m.  While Not Whila factory, streat, offica bldg., etc.) at work at work						
	21. I certify that (I) (this hospital) attended the deceased from 192 to 192 to 192 to 192 that (I) (we) last						
	saw the deceased alive on 196, and that	death occured atM, from the causes and on the	he date stated above.				
	220. SIGNATURE (C) I I I I I	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	22b. DATE SIGNED				
	22c. PHYSICIAN'S	22d. ADDRESS					
	NAME (Type)  C. H. Wolohon	800 Pershing Dr. Silver Si	nring Md				
	236. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)  Burial 12/19/61 Rock Creek						
	ARWARE MANAGEMENT	4					
	OTJ4 GEOLGIA AVEIL	ile lie					
1	Warner E. Pumphrey, Inc. Silver Spring, Ma	TYTHING PARTIES	, , , , , , , , , , , , , , , , , , , ,				

1000 D. Dinasar pesti. Heren't rece The thirty light and the last SERVICE OF THE PROPERTY OF THE Liver Don't the Company of the Compa Secretary and the second second second second (1) 中的 (1) 中国 (1) And the court of the control of the The state of the s Section of the second of the s

		RYLAND STATE D							
	A 154	CERTIFICAT			, BALTIMO	RE 1, A	AARY	)22	
PLACE OF DEATH			2. USUAL RESIDEN	ICE (Where de	coosed lived, If		Residence	e bafore a	dmission)
Montgomer	У	MARYLAND	Maryland	d	21	ntgor	nerv		
b. CITY OR TOWN (if	outside corporate limits, give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corp	orata limits, write	RURAL a	nd give r	earest tow	n)
Bethesda		41 days	40 Silver S	Spring					
d. NAME OF HOSPITA	AL OR INSTITUTION (if not in	hospital, give streat address)	d. STREET ADDRESS						SIDENCE A FARM?
he Clinical	l Center, Beth	esda 14, Md.	2412 Der	nnis Ave	enue			YES	NO X
NAME OF DECEASED	First	Midule	Last	4. DATE	Month		Day	Yeer	
(Type or print)	George	Oliver	Berger		Decembe	r 18	3,	19	61
SEX	6. COLOR OR RACE 7. MAI		8. DATE OF BIRTH		AGE (In yeers		1 YEAR	IF UNDER	24 HRS.
Male	White WIDO		2 February	1880	last birthdey)	Months	Deys	Hours	Min.
PERIOR SHOW	MANUTATION IDE	. KIND OF BUSINESS OR INDUST			foreign country)	12. CI	TIZEN O	F WHAT C	OUNTRY?
IS DAYSKANAX		U.S. Navy Dept.	Pennsylv	zania			U.S.	. A.	
FATHER'S NAME			14. MOTHER'S MAIDEN						
Elias Ber	ger		Emma Huns	sicker	-			1	,
	R IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT The	Medica	l Reĉora	y			
No	7039170 110101010103013017100)	None Th	ne Clinical (		-		Mar	vlan	7
18. CAUSE OF DE	EATH [Enter only one cause p	er line for (e), (b), end (c).]		, ,	Doomood	و بېسد	INT	ERVAL BET	WEEN
	WAS CAUSED BY: MMEDIATE CAUSE (6) Re	spiratory Arrest	t				ON	SEI AND L	EAIH
1545	DUE TO								
Conditions, if eny,	which \ (b) Ly.	mphoma							
gava rise to immadia	te ceuse								
(a), steting the un	derlying	st-op Carcinoma	of rectum						
PART II. OTHER	1-1	CONTRIBUTING TO DEATH BUT N		INAL DISEASE	CONDITION GIV	EN IN PAR	T 1(a)   15	. WAS A	
							,	-94	RMED?
200. ACCIDENT WA OR CONTRIBUTING [ (IF EITHER, NOTIFY)	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURE	D. (Enter neture of injury in	Part I or Pert II	of item 1B.)				
20c. TIME OF INJUR Hour a.m.	w		ACE OF INJURY (Home, far clory, straet, office bldg., et		or town)	(Co	unty)		(Stete)
p.m.	/A> (1):- 1:(-1)		November 7	1067 10	Decembo	n 7010	67 4	-1 643 (	una) Inst

3.

5.

15. (Ya

CERTIFICATION

MEDICAL

21. certify that (K (this hospital) attended the deceased from NOVELLOGA.... 61, and that death occured 2:10 Prem the causes and on the date stated above. saw the deceased alive on December

STAFF PHYS. DIRECTOR

22b. DATE SIGNED

(State)

22c. PHYSICIAN'S NAME (Type)

22a. SIGNATURE

Marvin Pomerantz M.D. 22d. ADDRESS

ATTENDING

The Clinical Center, National Institutes Health, Bethesda 14, Md.

23d, LOCATION (City, town or county)

23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) Buria

23c. NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery

Washington D.C.

24 JUNERAL DIRECTOR'S SIGNATURE SKA 8434 GEOFFIA Avenue Warper E. Pumphrey, Inc. Silver Spring, Maryland

250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DAEC 2 2 '61

VR A15 (4) 15M 9/60

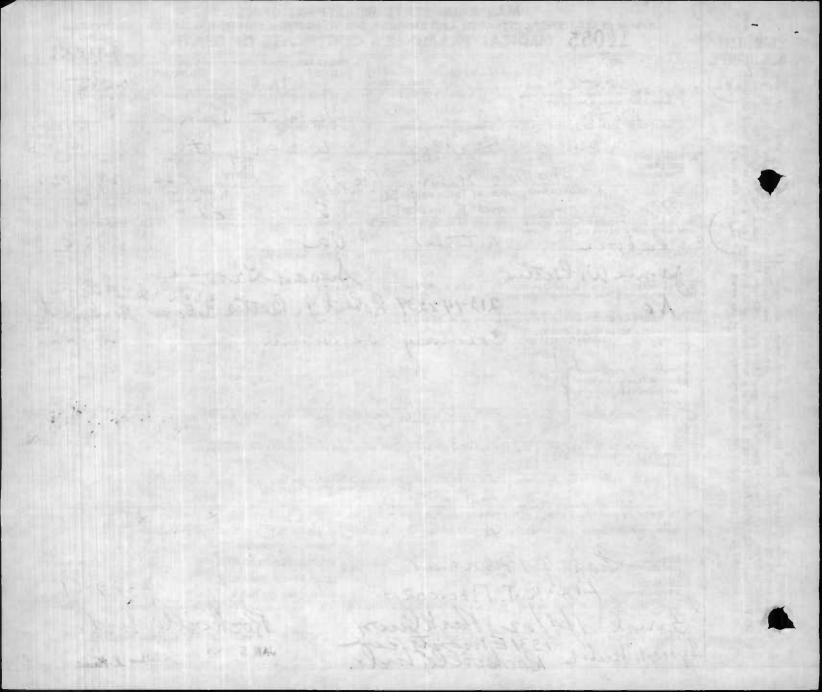
SSUFFE Note that a second of the seco Gerge Cityer Learn Comment Comment They comit on the manner U.C. They have the of your . . . . . . . . . . . . . cal record The same of the sa to done to tare tower on-card or OF BEING THE PROPERTY OF THE P COLUMN TO THE TOTAL OF THE PARTY OF THE PART FOR STATE
HEALTH DEPT \*\* EFULY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death any delay is necessary, rease execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 inneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Mealth or its designated agent, prior to burial, cremation, or removal, and in any event within 22 hours after death.

VS. A15ME 5M 9/60

MAKILAND SIAIE D	PEPARIMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS	, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14055 MEDICAL EXAMINER'S	5, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5 CERTIFICATE OF DEATH

-			14022
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed	
	Mont somer MARYLAND	a. STATE	o. COUNTY
/   -	b. CITY OR TOWN (if outside corporate limits   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate firm	its write PUPAL and Sixty
	write RURAL and give hearest town)	C. CIT OK TOWN (II OUISIGE CORPORATE IIII	ins, write KOKAL and give neapest fown)
2 _	Bethes dA 130A	X Farn It Van	1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	IS RESIDENCE
	Oupuban Hospital	111012.0 ct	ON A FARM? YES NO Z
3.	NAME OF First Middle	Last 4, DATE	Month Day Yeer
	(Type or print)	OF DEATH	
5	SEX HENRY IS	211/5	De 29 1961
٥.	8. COLOR OR RACE 7. MARRIED NEVER MARIED 8.	DATE OF BIRTH 9. AGE (I	h years IF UNDER 1 YEAR IF UNDER 24 HRS. thday) Months Deys Hours Min.
	MA/e White WIDOWED   DIVORCED	5 68	yrs. Months Deys Hours Min.
10	b. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
/   "	A. I	100	1 2 0 0
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	21.S.E
	1. 1 A at	THE S MAIDEN NAME	
	James W. Tellia	Susan From	20
	AS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. II	NORMANT	mydros - 1 no ave
1	1/0 213-14-1939 1	Ket 1 Both &	
-	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	of Been Ja	come Park Miles
	PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
	14 IMMEDIATE CAUSE (0) Colonary O	eclusion	sulde,
	DUE TO		
	Conditions, if any, which (b)		
	geve rise to Immediate cause  [a] station the underlying DUE TO		
	(e), steffing the underlying DUE TO		
z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITI	ON GIVEN IN PARTILL 10 WAS ALLTONEY
음		THE TENNITY DISENSE CONDIN	PERFORMED?
15			YES NO
CERTIFICATION	206. EXTERNAL CAUSE WAS   206. DESCRIBE HOW INJURY OCCURED. (Er	ter nature of injury in Part I or Part II of item 18.	
	CAUSE OF DEATH.		
WEDICAL		E OF INJURY (Home, farm,   20f. (City or town	(County) (State)
EDI		ry, street, office bldg., etc.)	
>	77 1 11		
	21. I certify that I took charge of the remains described above, held	an Autopsy Inspection	Inquiry and in my opinion
	death resulted from: Natural causes . Accident . Suicident .	le 🔲, Homicide 🔲, Undetermi	ned manner
	1	CHIEF MEDICAL EXAMINER	
	SIGNATURE Land J. Browher	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	SIGNATURE MANY J. 1 STATULE	DEPUTY MEDICAL EXAMINER	
1	NAME (Type) FLAVAIK T RIGGE hard		12-29-61
220	1 10 10 10 10 10 10 10 10 10 10 10 10 10	Address (Street, city, town, or county)  CREMATORY 22d, LOCATION (City)	
226	REMOVAL (Specify)	CREMATORY 22d. LOCATION (CIT	y, town of country) (Stete)
	Burial 1/4/62 Parksaw.	Kocker	elle ma
23	FUNERAL DIRECTOR	240. REC'D BY REGISTRAR 24	b. REGISTRAR'S SIGNATURE
1	you wheeler of the office	DATE JAN 5 '62	0 21 0 1-
	1 Cotheres, mg	1 DATE	arthur S. Kraus



# FOR STATE HEALTH DEPT. EPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and In any event within 77 hours after death. VS. AISME

5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

ALL AL PROPERTY OF MERCAL			
14058 MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEATH

TEDD 9 WEDICAL EXAMINER	CERTIFICATE OF DEATH 11021
1. PLACE OF DEATH  •. COUNTY	2. USUAL RESIDENCE (Where deceased tived, If institution: Residence before admission)
montgomery MARYLAND	o. STATE mel b. COUNTY month
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give nurest town)
1 Clnert Da A	15 Alexa Spring
d. NAME OF HOSPITAL OF INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS   0. IS RESIDENCE
monty yeur Hosh	Colesvelle-Beltsville Rel VES NO
3. NAME OF First Middle	Last 4. DATE Month Dey Yeer OF
(Type or print) John Bex	ones DEATH 12-18- 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
male   white   WIDOWED   DIVORCED	12-19-24 36 yrs. Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY 11. BIRTHPLACE (Siele or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Lef Sheriff Montgomery Co.	1 Jan 1 9-9-6
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Letter Becomes	alice Christos
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (Ifyes give were detes of service)	INFORMANT 13201 Kara Lane
Yes   WW2   149-12-5240   9	e P. Bearne - Selve Sur
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	NTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cashura	
729.8 DUE TO	Bridde
(b) Chromie	
geve rise to Immediate cause (a), stating the underlying  DUE TO	
cause lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?
ICAT	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURED.	(Enter neture of Injury In Part I or Pert II of item 18.)
041140400241 1140 1141	treeving a duck which he shot
Zoc. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PI Hour e.m. While Not While et work to et work to the work to the work to the etwork to the work to the etwork to the work	ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete)
7 p.m. /2-/4/ 196/ et work   et work	Pond Selva Sfug moity mel
21. I certify that I took charge of the remains described above, t	eld an Autopsy . Inspection . Inquiry . and in my opinion
death resulted from: Natural causes , Accident , Sui	cide . Homicide . Undetermined manner
	CHIEF MEDICAL EXAMINER
SIGNATURE Frank J. Brichart	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S TO STATE TO THE	DEPUTY MEDICAL EXAMINER 12-18-61
NAME (Type) FLANK J. BLOSCHZI  22e, BURIAL, CREMATION, 22b, DATE THEREOF 122c, NAME OF CEMETERY C	Address (Sireet, city, town, or county)
REMOVAL (Specify)	
Burial 12/21/61 Arlington Nat	ional Cemetery Arlington Virginia
I do hand of the strol. QUE THE CONTROL OF ASIA	niio
Warher E. Pumphrey, Inc. Silver Spring, M	aryland   DAMES - D. Commit 2. 100000

ed the Party H aking two many its selections in the control of the

etely filled in by the funeral A HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after in. Page 4 may be retained by the hospital or attending physician.

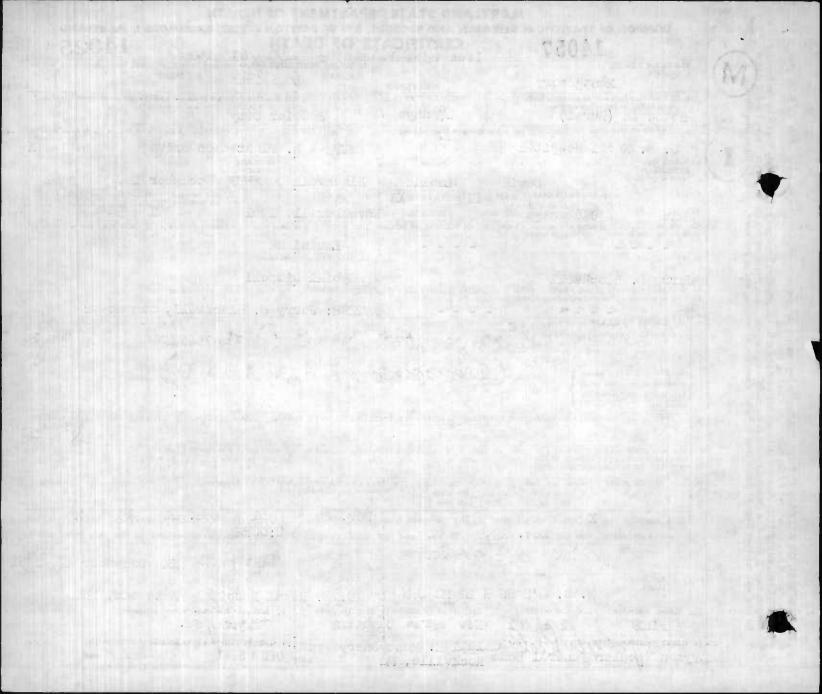
FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and a letely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72-hours after death.

> VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14057 14025

	Itam 23h Fi	m = G3O3 = 12	/19/61	1 WIE		
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDEN				nce before edmission)
Montgomery	MARYLAND	e. STATE LOU	lisiana	b. COUN	11	
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (	If outside corporet	e limits, write	RURAL end give	e neerest town)
write RURAL end give nearest town) Bethesda (Rural)	17 days	Bossie	er City		56	(x -3
d. NAME OF HOSPITAL OR INSTITUTION (if not In hosp	itel, give street eddress)	d. STREET ADDRESS				. IS RESIDENCE
U. S. Naval Hospital		2273-A N.	Plantati	on Dri	ve	YES NO 2
3. NAME OF First DECEASED	Middle	Last	4. DATE OF	Month	De	y Yeer
. (Type or print) David	Leslie	Blackwell	DEATH		er 12,	19 61
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED B.	DATE OF BIRTH	9. A	GE (In yeers st birthday)	IF UNDER 1 YEAR	
Male Caucasian WIDOWED	DIVORCED N	ovember 11,		yrs.	Manths Devs	Hours Min.
	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Coun	sty & State, or fore	ign country)	12. CITIZEN	OF WHAT COUNTRY?
so so so so	no no no no	Louisian	na.		USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
Jerry D. Blackwell		Sybill Biz	779]]			
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. 5	SOCIAL SECURITY NO. 17. I	NFORMANT	3 44 V adapates	Address		
(Yes, no, or unkown) (Ifyesgivewerordatesofservice)	To	ATHER: Jerry	r D Plac	letto I I	com oc	.40
18. CAUSE OF DEATH [Enter only one cause per lin	ne for (a). (b). and (c).)	WINEY: Serry	D. Drac	وعليك		NTÉRVAL BETWEEN
PART I. DEATH WAS CAUSED BY:						INSET AND DEATH
IMMEDIATE CAUSE (0)	IMMEDIATE CAUSE (a) Conital Man Dillase 3/ days					
1 2800 //	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Conditions, if only, which (b) (Transposition & ASD & V.S.D.)					
Conditions, if eny, which (b) (Monsposition C ASV. A V.S. V.)						
gave rise to immediate cause (e), stating the underlying DUE TO						
cause lest. (c)						
PART II, OTHER SIGNIFICANT CONDITIONS CONT  200. ACCIDENT WAS UNDERLYING   20b. DESC  OR CONTRIBUTING   CAUSE OF DEATH  OF CONTRIBUTING   CAUSE OF DEATH  OF CONTRIBUTING   CAUSE OF DEATH  OF CONTRIBUTING   CAUSE OF DEATH	FRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	VAL DISEASE CON	NDITION GIV	EN IN PART 1(+)	PERFORMED?
3						AEA NO
20s. ACCIDENT WAS UNDERLYING   20s. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Perl I or Perl II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH   (IF EITHER, NOTIFY MEDICAL EXAMINER)						
3 20c. TIME OF INJURY Month, Day, Year   20d. II	NURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm	n, ! 20f. (City or	lown)	(County)	(Stete)
Hour a.m. While et work		ory, street, office bldg., etc.	.)			
		Nov 26	1067	)ec 12	-61	. X
21. I certify that (this hospital) attend						
saw the deceased alive on Dec. 12,		death occured at		e causes	and on the	
220. SIGNATURE M.C. DB	enno-	DUING TO B		STAFF PHYS. X	Decem	ber 12. DATE
22c. PHYSICIAN'S	, m	22d. ADDRESS		F-237		
M. C. O'BANNON	IT MC USN	II C Morre	1 Hogost	-07 70	therde	-MA
23% BURIAL, CREMATION, 236. DATE THEREOF	23c, NAME OF CEMETERY O	U.S. Nava	23d. LOCATIO			(Stete)
	New Smyrna Cen	netery	Smyrna	, Ga.	,	
24 FUNERAL PHREATONS STONATURE OF CE	133 ADDRESS Montgo	merry Ay 25a. REC	O'D BY REGISTRA	25b. REC	SISTRAR'S SIGNA	ATURE
The Method	Rockville, Md	DATE C	DEC 1 5 '61	10	lathun S. H	rasid
9 VVVVVXVV						



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND ESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY by the and 2 death. Montgomerv MARYLAND Loudoun by # b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give neerest town! Bethesda davs Leesburg d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO V The Clinical Center, Bethesda 14. .O. Box DATE DECEASED DEATH (Type or print) 1961 Lee Bodmer 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. bor last birthday) and Female WIDOWED [ September 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Telephone Company Clerk U.S.A. Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Robert G. Cooper Ollie Atwell 70 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record (Yes, no, or unkown) | (If yes give we ror detes of service) The Clinical Center, Bethesda 14. Maryland the 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c). INTERVAL BETWEEN signed by ONSET AND DEATH IMMEDIATE CAUSE (6) Renal failure, probably due to acute tubular necrosis 8 days Massive her first gastrointestinal, intra-pulmonary, the burial-transit retroperitoneal, peritoneal, peri-renal. days certificate has been gava rise to immediata causa DUE TO (a), steting the underlying femoral triangle, thrombosis R. iliac vein la days (c) Abcess, right the hospital or PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY use as PERFORMED? NO T prior 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH After this 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, offica bldg., etc.) While Not While at work | et work 3 should be del 1961, and that death occurred at 4:30PHom the causes and on the date stated above. saw the deceased alive on. Dec. 22b. DATE 22e. SIGNATURE ATTENDING SLGNED DIRECTOR PHYS. Clinical Center, National 22d. ADDRESS The 22c. PHYSICIAN'S Pilch, M.D. Institutes of Health, Bethesda 14, Md 23d. LOCATION (City, Jown or county) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 236 REMOVAL (Spaces 25e. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

14058 Extendit to the little of the And the state of t and the second state of the second second Topped I were Haran Branch & D. Branch & C. C. Company of the Com

MARYLAND STATE DEPARTMENT OF HEALTH

Zoe atazista atout enesting The street of the section of . The country of the case the case of the Thomas Total and The Table on The State Month

etely filled in by the funeral apers. Pages 1 and 2 should 72 hours after death. HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Property May be retained by the hospital or attending physician.

CTUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any everif, which

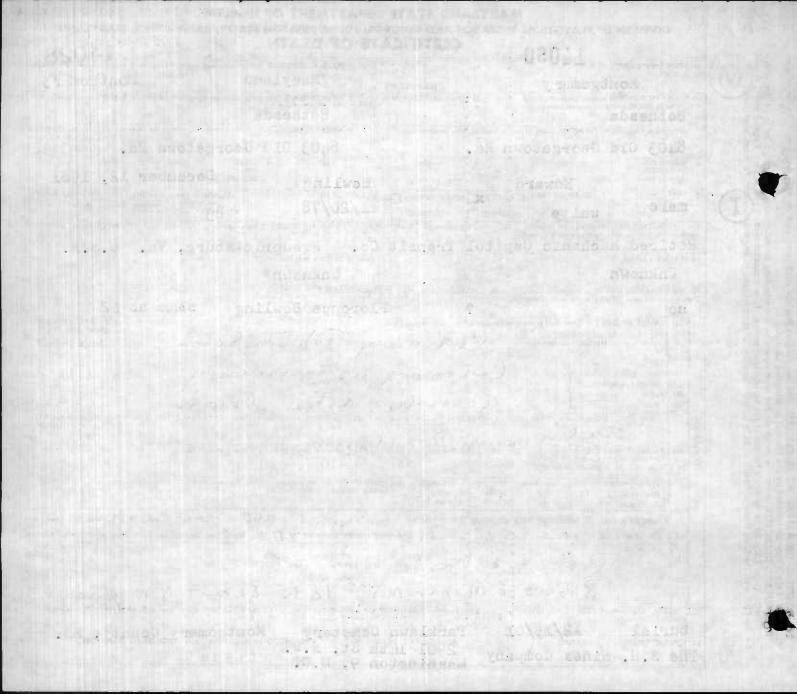
VR A15 (4 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND

CERTIFICATE OF DEATH 14060 111000

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before	admission)				
Montgomery Maryland	a. STATEMaryland b. COUNTY Montgome					
b. CFTY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Bethesda	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest to	wn)				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS (e. 15 f	RESIDENCE				
8403 Old Georgetown Rd.	1 0 00 073 0	NO 1				
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Ye	,				
(Type or print) Edward	Bowling December 12, 196	pl				
7. MORNED   NEVER MARKED	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDE	R 24 HRS.				
male white widowed Divorced -	11/20/78   last birthday)   Months   Days   Hours   Hours	Min.				
10s. USUAL OCCUPATION (Give kind of work done during most of working lite, even if refired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT	COUNTRY?				
D-4	Co. Fredericksburg, Va. U.S.A.					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Unknown	Unknown					
	INFORMANT Address					
(Yes, no, or unkown) (If yes give wer or dates of service)	lorence Bowling same as #2					
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BE					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Ju Throm love Sunn	Les				
DUE TO						
Conditions, if any, which (b)	a temorelevori	, lan				
gave rise to immediate cause	000	9				
(e), steting the underlying DUE TO  Cause lest.	1 auto 10	hem				
	TO MAKE AN ADDRESS AND ADDRESS					
Pulmonan Emple ma PERFORMED? YES \( \sigma \) NO (Z)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200. ACCIDENT WAS UNDERLYING   20b. DESCRIBENOW INJURY OCCURED  OR CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMÍNER)	, (Ener nature of injury in Pert I or Pert II of item 18.)					
	CE OF INJURY (Home, farm, ' 20f. (City or town) (County) lory, street, office bldg., etc.)	(Stete)				
21. I certify that (I) (this happital) attended the deceased from 19.40 to 19.40 to 19.61, that (I) (we) last						
saw the deceased alive on. D.L. 19						
220. SIGNATURE ROBER & Make M	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.   22	SIGNED				
22c. PHYSICIAN'S ROBERT E. Mahar M.S	D. 1835 Eye St. N.W Wash	6.D.				
23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	N The state of the	(Stete)				
burial 12/15/61 Parklawn (	Cemetery Montgomery County Md					
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 7 1 + 1	Cemetery Montgomery County Md n St. N.W. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE					
The S.H. Hines Company Washington	9 D PATE DEC 15'61 Comm 2. 10 aug					



TO CUNERAL DIRECTOR: After this certificate has been signed by the attending physician and colletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours afterdeam WOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

# VR A15 (4) 15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14061 CERTIFICATE OF DEATH
14029

1. PLACE OF DEATH a. COUNTY	
	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission)
mantamen MARYLAND	B. STATE Mary land b. COUNTY Mantamery
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN of outside corporate limits, write RURAL and give gearest town
	29 5 140 1 5 Spring
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   a. IS RESIDENCE
DV1 P. 1 1/	ON A FARM?
3. NAME OF First Signal Middle	86/1/1/aytair Trace YES NO H
DECEASED 1	Last 4. DATE Month Day Year
(Typa or print) HNITa Saintelle	Bracy Death Dec 5 1961
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
WIDOWED DIVORCED	march 38 1887 744 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work   1Db. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
dona during most of working life, even if ratirad)	71 + 6
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Marche DI. ( +11	0 7
Marcus. Miny Sawlelle	Caesaria Hrmigo
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. (Yas, no, or unkown)   (Ifyasgivawarordatesofservice)	INFORMANT (Address
1/0 571-38-7152A	Mrs. Coma Watterson (daughter)
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEPEBRA	Hemorrhage bweeks
DUE TO	oware.
	otic CARdioVASCULAr Disage 19445.
gave rise to immadiata causa (	THE CHING TO WATER IN TISONSE IS ITS
(a), stating the undarlying DUE TO	
causa last.	
ALAN III ANIISA CIA INII ALIA CIA CIA CIA CIA CIA CIA CIA CIA CIA C	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  2Da, ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED  OR CONTRIBUTING   CALISE OF DEATH	PERFORMED?
	PERFORMED? YES NO
208. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO PERFORMED? YES NO PERFORMED? YES NO PERFORMED? YES COMMENTED.  NO PERFORMED? YES COMMENTED.  NO PERFORMED? YES COMMENTED.  NO PERFORMED? YES COMMENTED.  NO PERFORMED? YES NO PERFORMED? YES COMMENTED.  NO PERFORMED.  NO PERFORMED.  NO PERFORMED.  YES COMMENTED.  NO PERFORMED.  NO PERFORMED.  NO PERFORMED.  YES COMMENTED.  YES
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLA Hour e.m.	PERFORMED? YES NO Pert I or Part II of itam 18.)
2Da. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  2Dc. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19  20d. INJURY OCCURRED And Year While at work at work at work   20d. INJURY OCCURRED And Year	PERFORMED? YES NO  NO  ACE OF INJURY (Home, ferm, tory, street, office bidg., etc.)
2Da. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  2Dc. TIME OF INJURY Month, Day, Year York   20d. INJURY OCCURRED YORK   20d. INJURY OCCURRE	PERFORMED? YES NO PART II of item 18.)  ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) 10ry, streat, office bidg., atc.)
20b. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour e.m. p.m. 19 20d. INJURY OCCURRED At While at work 21 at work 21 at work 32 at work 32 at work 33 at work 33 at month 32 at work 34 at work 35 at month 36 at work 36 at	PERFORMED? YES NO PACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)  ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)  ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)
2Da. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  2Dc. TIME OF INJURY Month, Day, Year Hour e.m. p.m. 19 20d. INJURY OCCURRED Year All While Not While all work   21 certify that (1) (this hospital) attended the deceased from.	PERFORMED? YES NO P  ACE OF INJURY (Home, farm, lory, street, office bidg., etc.)  ACE OF INJURY (Home, farm, lory, street, office bidg., etc.)  ACE OF INJURY (Home, farm, lory, street, office bidg., etc.)  ACE OF INJURY (Home, farm, lory, street, office bidg., etc.)  ACE OF INJURY (Home, farm, lory, street, office bidg., etc.)  ACE OF INJURY (Home, farm, lory, lory, street, lo
2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  2Dc. TIME OF INJURY Month, Day, Year Hour s.m 19	PERFORMED? YES NO P  ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)  ACE OF INJURY (Home, farm, 1961, to Dec. 5, 1961, that (I) (1) last to death occurred a 2.25. M, from the causes and on the date stated above.
20b. ACCIDENT WAS UNDERLYING	PERFORMED? YES NO PART I or Part II or Part II of itam 18.)  ACE OF INJURY (Homa, farm, lory, streat, office bldg., etc.)  100
2DB. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  2Dc. TIME OF INJURY Month, Day, Year Hour e.m. 19   20d. INJURY OCCURRED   2DB. PL. While at work   at work   at work   fac at work   21.   certify that (I) (this hospital) attended the deceased from saw the deceased alive on	PERFORMED? YES NO PERFORMED? Y
20b. ACCIDENT WAS UNDERLYING	PERFORMED? YES NO P  ACE OF INJURY (Homa, farm, lor)   2Df. (City or town)   (County)   (Stata)  ACE OF INJURY (Homa, farm, lor)   2Df. (City or town)   (County)   (Stata)  ACE OF INJURY (Homa, farm, lor)   2Df. (City or town)   (County)   (Stata)  ACE OF INJURY (Homa, farm, lor)   2Df. (City or town)   (County)   (Stata)  ACE OF INJURY (Homa, farm, lor)   2Df. (City or town)   (County)   (Stata)  ACE OF INJURY (Homa, farm, lor)   2Df. (City or town)   (County)   (Stata)  ACE OF INJURY (Homa, farm, lor)   2Df. (City or town)   (County)   (Stata)  ACE OF INJURY (Homa, farm, lor)   2Df. (City or town)   (County)   (Stata)  ACE OF INJURY (Homa, farm, lor)   2Df. (City or town)   (County)   (Stata)
20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour e.m. p.m.  21. I certify that (I) (thris hospital) attended the deceased from saw the deceased alive on	PERFORMED? YES NO PERFORMED. Y
20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour e.m., p.m.  21. I certify that (1) (this hospital) attended the deceased from saw the deceased alive on	PERFORMED? YES NO P  O. (Enter nature of injury in Pert I or Pert II of item 18.)  ACE OF INJURY (Home, farm, long, farm, long, street, office bildg., etc.)  ACE OF INJURY (Home, farm, long, farm, long, farm, long, street, office bildg., etc.)  ACE OF INJURY (Home, farm, long, long
20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour e.m. p.m.  21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	PERFORMED?  YES NO PERFORMED.  Y

O Share Charles and Home To SEN 2735 F 2776 AD THE THE PROPERTY OF THE STATE OF THE STAT LENGTH OF THE LAND MALE THE MEDITION OF THE WARRENCH TO SEE THE SE THE SE THE SE THE S The second of th Little Charles Charles Share Share DEPTH OF THE PROPERTY OF THE P Market Committee Com

### FOR STATE HEALTH DEP

TEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 teneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with The State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. AISME 5M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	40.0
1. PLACE OF DEATH  •. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission)
Montgomery MARYLAN	ND a. STATE Ohio b. COUNTY
b. CITY OR TOWN (if outside compared limits. 1 c. LENGTH OF STAY II	
write RURAL and give neerest town)  Bethe sda  12 hours	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	Rocky River 72 X - 3  d. STREET ADDRESS  1 o. 15 RESIDENCE
	ON A FARM?
Suburban Hospital	21641 Lake Rd. YES NO NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year
(Type or print) Mary Wirsing	Bradshaw December 7. 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	1 8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR) IF UNDER 24 HRS.
	Months   Dave   Hours   Min
10s. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INI	
done during most of working life, even if retired)	
Housewife	Philadelphia, Pa. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Christian Tullner	Rosa Engel
	17. INFORMANT Address
NO (If yes give we ror deles of service) Unknown	Wm W Mullney 5000 Creenless De Dell 361
18. CAUSE OF DEATH  Enter only one cause per line for (a), (b), end (c).)	Wm. W. Tullner, 5909 Greenlawn Dr., Beth., Md.
PART I. DEATH WAS CAUSED BY: Abdominal hema	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) ADDIVIDITIES. I TIETHER	Timage 12 nrs.
451 X DUE TO	
Conditions, if eny, which \ (b) Rupture of abd	ominal aneurysm
geve rise to immediate cause	
(a), stering the undarrying	
(6)	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0); 19. WAS AUTOPSY
History of analysism the m	
History of aneurysm the p	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY  History of aneurysm the post of partial cause was primary of contributing and cause of peath.	RED. (Enter natura of Injury In Part I or Pert II of Item 18.)
	e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Slete)
Hour e.m. While Not While at work at work	factory, street, office bldg., atc.)
21. I certify that I took charge of the remains described above	a hald an Autonom C. Januarian Ed. Januarian
death resulted from: Natural causes X, Accident,	Suicide, Homicide, Undetermined manner
<u></u>	CHIEF MEDICAL EXAMINER
SIGNATURE Many Browshart	ASSISTANT MEDICAL EXAMINER DATE SIGNED
	DEPUTY MEDICAL EXAMINER
EXAMINER'S NAME (Type) Frank J. Brochart	Address (Street, city, town, or county)
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETER	
Burial-transit 12-10-61 Lakewood	
23. FUNERAL DIRECTOR ADDRESS	1 Park Cem.   Cuyahoga County, Ohio
ROBERT A. PUMPHREY Bethesda,	Md 25012101
bethesda,	Md. DATE DEC 13 '61 arthur S. Thruse

Colos, 10 removed I . The case of the state of the s BARRIER CHIEF TO CHIEF . nerson a chan a la sperience la consta la deaders ... Asset my real of the little of Laboratory of the Center of the contract of the contr Company of prepared to the party of the part TMEBILIX Dechesdu, No. | Lat

VS A15 (4) 15M 9/5B

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18							
(X)	1. PLACE OF DEATH a. COUNTY MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. I	f institution: COUNTY				

Reg.-Dist. 104031

1. PLACE OF DEATH a. COUNTY MO1	NTGOMERY	MARYLAND	G STATE	RMANDD	b. COUNTY	MONTGO	ore admission)
	(If autside carporate limits, write learest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TO	OWN (If outside carpor	Washing		earest town) +7x·3
d. NAME OF HOSPI OR INSTITUTION CARROLL	TAL (If nat in haspital, give stree  HALL NURSING H		d. STREET AL	DDRESS 100 Ke	nnedy St.	., N.E.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	GILBERT	B BRADY.	Last	4. DATE OF DEATH	12/	24/61	Year 19
5. SEX	6. COLOR OR RACE 7. MAR WIDOV		June 2	, 1879	9. AGE (In years last birthday) 2 yrs.	Months Days	R IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATI during most of wor RETIRED	ON (Give kind af wark dane 10brking life, even if retired)	. KIND OF BUSINESS OR INC		ACE (State or foreign co	untry)	12. CITIZEN O	• A•
13. FATHER'S NAME Adam Rai	ndolph Brady		14. MOTHER'S				
15. WAS DECEASED EVI (Yes, no. or unknown)	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		informant ir. Randol	ph G Brady	100 K Son	cennedy	St N. E.
PART I. DE,  4500  Conditions, if a gave rise ta cause (a), stating lying cause lost.	the <u>under-</u> DUE TO (c)	artirio	- selv	wir		ON	TERVAL BETWEEN SET AND DEATH
PART II. OT  PART II. OT  200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	HER SIGNIFICANT CONDITIONS					EN IN PART 1(a)	PERFORMED? YES NO
	AS UNDERLYING  3 CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCUR	RED. (Enter nature af	injury in Part I or Part	II of item 1B.)		
20c. TIME OF INJUI Hour a.m. p. m.	RY Manth, Day, Year 20d. 19 While at wa	Nat while_	PLACE OF INJURY (H factory, street, affice	dame, farm, bldg., etc.)	ar tawn)	(Caunty	) (State)
21. I certify the alive an		ell, and that dea	m.D. 69	ADDRESS (Str. 55 C)	the causes and reet, city or town, and town, a	d an the dat state) H LV or county)	
BURIAL  23. FUNERAL DIRECTOR	12/27/61	Mt Olivet	Cem	Was.	hington,	D. C.	IRF
W. K. HUNTEN	11 1			ENW. 27'6		ülun S. Hu	

Security -	dk.min		MARKET AND THE
	OK . Whiteless		*
	IV. Listud ISSNI	inos parakiri al	or Internet
14 19/18/22 14 19 19 19 19 19 19 19 19 19 19 19 19 19	1879 - June 1879 June 1879 - June 1879	.TGARCE ZULBITO	
W A A	alainet I summe	E. G. Gov	. Car Love
	Lashelle Davin	Lob Seaty	ahani wali.
Literation of the second	item set onv.	Manyer in/ager	

TEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death in any delay is necessary, phase execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 timeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designaled agent, prior to burial, cremation, or removal, and in any event within 72 frout, after death.

VS. AISME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

14020

14191611		217110	HAVE WESTWIN	IN AND RECORDS,	DOI IN. PRESIGN 3	IREEI, DALIIMORE
1	Zil	130	MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEATH

1. PLACE OF I	DEATH				institution: Residence before edmission)
	M ontgomery	MARYLAND	e. STATE	b. COU	Arlington /
b. CITY OR TO	OWN (if outside corporate limits,	c. LENGTH OF STAY IN 1b			e RURAL and give neerest town)
	AL end give neerest town)	c. Lindin of Stat In Ib	e. CIT OK TOWN	it outside corporete limits, writ	e KUKAL end give neerest town)
	Bethesda	D.O.A.	Ar	lington	83×-3
d. NAME OF	HOSPITAL OR INSTITUTION (if not In )	nospitel, give street address)	d. STREET ADDRESS		. IS RESIDENCE
	OG been been		0700		ON A FARM?
3. NAME OF	Süburban	W. F.H.	3730- N.	P ershing Driv	
DECEASED		Middle	Last	4. DATE Mon!	h Dey Yeer
(Type or print)	Herbert	A. B	reakev	DEATH	ec. 13 19 61
5. SEX	6. COLOR OR RACE 7. MARI	DIED INEVER MARRIED I B	. DATE OF BIRTH		ec. 13 19 61
				last birthdey)	Months Deys Hours Min.
male	MILL UC	VED DIVORCED	Feb. 22,18	96 65 yrs.	
done during mos	CUPATION (Give kind of work 10b.	KIND OF BUSINESS OR INDUSTR	Y   11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S N	ist (retired)	Gov't	Minneso	ta	U.S. A.
10. 17.1112.0 11.	3716		14. MOTHER S MAIDEN	NAME	
John	Abner Breakev		M over	Innta	
15. WAS DECEAS	Abner Breakey SED EVER IN U.S. ARMED FORCES?   1	6. SOCIAL SECURITY NO.   17. I	M ary	Address	
(Yes, no, or unko	wn) (If yes give wer or detes of service)				
Yes	World War 1		Daisy M . B	reakey/ same a	s above.
	OF DEATH  Enter only one cause pe	r line for (e), (b), end (c).)			INTERVAL BETWEEN
PART I.	DEATH WAS CAUSED BY:	10 month	-0-3		ONSET AND DEATH
7-5		anymen ar			Middle
1	DUE TO O	100 000	1 0		10
	it enys which (b)	upline of the	oracis a	orta	sudgen
	mmediate cause DUE TO	_ 0			3
cause lest.	the underlying	alexan sole	rati an	myrusom	.,
	OTHER SIGNIFICANT CONDITIONS CO	NITRIBUTING TO DEATH BUT NO	T DEL ATER TO THE YERLIN	LAL DISTACT CONTINUOUS OU	
PART II.  20e. EXTERN PRIMARY  CAUSE OF D	OTHER SIGNIFICANT CONDITIONS CO	DAIRIBUTING TO DEATH BUT NO	I KELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	/EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
131					YES K NO
20e. EXTERN	IAL CAUSE WAS   20b. DESC	RIBE HOW INJURY OCCURED. (E	nter neture of injury in Per	I or Pert II of Item 18.)	
PRIMARY D	or CONTRIBUTING				
1					
191			CE OF INJURY (Home, ferm ory, street, office bldg., etc.		(County) (State)
Hour	at 111	ile Not While fector	ory, street, office blog., etc.		
	print.		וכח גג וכדו		
	ify that I took charge of the re			Inspection, Inquir	y and in my opinion
death resu	Ited from: Natural causes	, Accident , Suici	de , Homicide	, Undetermined m	nanner 🗍
			CHIEF MEDICAL I	XAMINER [	
ACTUAL.	h. on G				
SIGNATUR	IE Thank I.	roschait	M.D.	CAL EXAMINER	DATE SIGNED
EXAMINE	8'9 — 1	5.	DEPUTY MEDICAL	EXAMINER X	2-14-61
NAME (Typ		Broschark	Address (Street,	city, town, or county)	
22e. BURIAL, CRE		22c. NAME OF CEMETERY OR		22d. LOCATION (City, town	, or country) (Stete)
REMOVAL (S	pecify) 3 3 /3 9 /4 3	A-73 N			
burial	12/18/61	Arlington Na			
23. FUNERAL DI		ADDRESS	240. REC	D BY REGISTRAR   24b. REG	ISTRAR'S SIGNATURE
The S.H	. Hines Company	Washington	· H.W. DEC	1 8 '61	hur S. Firsus
		Washington	7. D. CI.DAIE	- Ciri	a. / value

www.calmo.M. 3720- 11.2 orested brites Handra H Seb. 22,1895 65 0 Covit Line Liver . Freds at one \text{Tribley can a above. . The same of the is S. R. Migra Company City Application of D.C.

# EPULY MEDICAL EXAMINER. This certificate should be executed within 24 hours after death "any delay is necessary," please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1.2, and 3. We funeral director. Page 24 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5. may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14065 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14033

-		D ()									
1.	PLACE OF DEATH					SUAL RESIDEN	NCE (Where			sidence	before admission)
		NITCOMEDV		MARYLANI		STATE		b. COU	YTY		V
_		NTGOMERY  f outside corporate limits		c. LENGTH OF STAY IN 1	h .	CITY OR TOWN	C. C	manata limita well	a DLIDAL and		
		give nearest town)		L. BENOMI OF STAT IN		CITTORTOWN	(ii odiside coi	rporete ilmits, writ	e KUKAL end	give nea	rest town)
	BETTH	ESDA		32 hrc		TT	a ab i u -		47	X	3
	d. NAME OF HOSPIT	TAL OR INSTITUTION (if	not in hospi	tal, give street eddress)	d	STREET ADDRESS	asning	ton		1	. IS RESIDENCE
											ON A FARM?
3.	NAME OF	SUBURBAN		115.0		1226	D Str	eet N.F.			YES NO
J.	DECEASED	rirsi		Middle		Last — Co	OF	Mont	h	Day	Yeer A
	(Type or print)	O MTG D	DOOTED				DEAT	H Dec.	20		19 61
5.	SEX	6. COLOR OR KACE	MARRIED	NEVER MARRIED	8. DATE	OF BIRTH		9. AGE (in years		EAR   IF	UNDER 24 HRS.
	Male	~ ~				r /m /nn		last birthdey)			Hours Min.
10:		ON (Give kind of work	WIDOWED		CTD1/ 1/11	5/1/22	1	39 yrs.			
do	ne during most of wo	rking life, even if retired	100. KIN	ID OF BUSINESS OR INDU	5 I KY   11.	BIRTHPLACE (Siele			12. CITIZ	EN OF V	WHAT COUNTRY?
Т	aborer	Knoft	Marmh	y Cons. Co		SOUTH C	CAROLIN	A	11	-5.6	0
13.	FATHER'S NAME	Trait	Mar Di	y cons. co	14. M	OTHER'S MAIDEN	NAME			٠,٠	
	AUDREY	BROOKS				FLOSS	SIE LON	DON			
15.	WAS DECEASED EVE	R IN U.S. ARMED FORC	ES?   16. St	OCIAL SECURITY NO.   17	INFOR	MANT		Address			
(Ye	s, no, or unkown)   (If	yesgive wer or detes of ser		-20-7569		~					
	100 11	AVAT	1.42		iosp 1	tal recor	ra				
		EATH [Enter only one c	ause per lin								AL BETWEEN
	PART I. DEATH	MAS CAUSED BY:	(8)10	tral him	1/7/7	Luge 8	· Va	realt		100	
	MON	_		VIII TOTAL	16	7	7000	· Leve	и	34	- 10
1	100	DUE TO	1-	- 1	1	0				27	The .
1	Conditions, if eny	(-)	Ju	acture of	sk	ull					٠.
	gave rise to immedia	DUE TO	0								
	(e), stating the ur	idenying	La	ll							
~	-	(c)	ONGCONIZI	DIBLITING TO BE A THE BLIT	NOT BELLE	TO TO THE TOUR	DIAL DISEASE				
Ó	PARI II. OTHER	SIGNIFICANT CONDITION	ONACONII	RIBUTING TO DEATH BUT	NOT RELAT	ED TO THE TERMI	INAL DISEASE	CONDITION GIV	EN IN PART 1	(e) 19.	WAS AUTOPSY PERFORMED?
3										YES	NO P
IFIC	20a. EXTERNAL CA	USE WAS   201	DESCRIBE	HOW INJURY OCCURED	. (Enter net	ure of Injury In Par	rt I or Part II o	of item 1B.)			
ERT	20a. EXTERNAL CA PRIMARY P or COI CAUSE OF DEATH.	NTRIBUTING   WO	orking	HOW INJURY OCCURED	ction	job and	fell 2	O feet f	rom sc	affo	ld
-		1 00	conc	rete floor.							
2	20c. TIME OF INJUI	RY Month, Day, Yeer		JURY OCCURRED   200. F		NJURY (Home, ferr et, office bldg., etc		ty or town)	(County	y)	(State)
	1:30 p.m.	12/7919 6	While	1101 111110					37		103
<						orgia Ave		er Sprin			Ma.
	Zi. I certify in	at I took charge of	the remai	ins described above,	neld an	Autopsy 3	Inspection	Inquir	У	and in	my opinion
	death resulted fr	rom: Natural cau	ses ,	Accident x, St	iicide	, Homicide	, Ui	ndetermined m	anner 🔲		
		1	1			CHIEF MEDICAL	EXAMINER				
	ACTUAL	to 10	130	made to	3	ASSISTANT MED	DICAL EXAMIN	NED [		DET	E SIGNED
	SIGNATURE	many &	1 1	remue	M.D	•					
	EXAMINER'S					DEPUTY MEDICA	AL EXAMINER		12/	21/6	1
	NAME (Type)	Frank J Bro	ochart	C. NAME OF CEMETRAY		Address (Street,					
220	. BURIAL, CREMATION REMOVAL (Specify)	N, 226. DATE THEREO	1/1 / 2:	20. HAME OF CEMENTY	OR CREMA	JORY	22d, LOCA	TION (City, Iown	or country)	1	(State)
		12/24/	6/	1/1/01			KIN	110 M	ally	18	1160
23.	FUNERAL DIRECTOR	1 /	-	ADDRESS		24e. RE6	C'D BY REGIST	TRAR I 24b. REG	ISTRAR'S SIGI	NATUPE	-(0)
	2/1/-	H&MT-	1,6	127	1 /1	77 00	CO 0 7 10				
-	11/11/1/	10K10	//	0. 102	YU	DATE	2 7 9	Ch	Thung S. M	Russ	

Committee State of the Committee of the Hotel 5. The section of the section The latest of th Prend A Brookers.

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	MARYLAND	STATE DE	PARTMENT	OF HEALTH
DIVISION OF STATISTICA	I DESEARCH AN	ID PECOPDS	301 W DDEST	ON STREET B

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

14066

CERTIFICATE OF DEATH

14034

1.	PLACE OF DEATH					2. USUAL F	RESIDEN	CE (Where de	eceased lived, If	institution: Re	sidence befor	re edmission)
e. COUNTY					•. STATE Maryland b. COUNTY Kent				/			
-	Montgome	outside corporete limit	to.	c. LENGTH OF STA					porete limits, writ	- DUDAL	alva massad	town
write RURAL end give neerest town)								porere ilmiis, wrii	e KUKAL and	give neeresi	townj	
	Bethesda			193 Days		Ci	neste	rtown		14.	X'L	
	d. NAME OF HOSPIT	AL OR INSTITUTION (	if nol in hosp	oitel, give street addre	ss)	d. STREET	ADDRESS					RESIDENCE
-		al Center,	Bethe		d.		.D.#3					□ NO 🔀
3.	NAME OF DECEASED	First		Middle		Last		4. DATE	Mont	h	Dey	reer .
	(Type or print)	Regina		Gabriell	-	Brown		DEATH	Decembe			19 61
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	X 8	. DATE OF BIRT	Н	9	. AGE (In yeers lest birthdey)	-		DER 24 HRS.
	Female	White	WIDOWED	DIVORCED		August :	18. 1	943	18 yrs.	Months D	eys Hour	Min.
10 de	. USUAL OCCUPATI	ON (Give kind of work	10b. KI	ND OF BUSINESS OR			-		foreign country)	12. CITIZ	EN OF WHA	T COUNTRY?
	Student	and mot a tout it toute	۵,	None		Ma	aryla	nd			U.S.A.	
13	FATHER'S NAME			210110		14. MOTHER'S			10000		0.00111	
	Carl ]	Proun				Red	ori na	M. Gos	C			
15		R IN U.S. ARMED FOR	CES?   16. 5	SOCIAL SECURITY NO	D.   17. I					\$		
(Y-	es, no, or unkown) (If	yes give werordetes of se	ervice)						Records			
=	NO			None		e Clini	cal C	enter,	Betheso	da 14,	Maryla	
		EATH [Enter only one	ceuse per li	ne for (e), (b), and (c)	).]						ONSET AN	
	PAKI I. DEAIR	MAS CAUSED BY: MMEDIATE CAUSE (e)	GRam	negative :	septi	cemia					5 Da	VS
	204	- Q DUE TO										
	Conditions, if eny	which 5	Gastr	o- intest	inal	ulcerat	ion				7 Da	VS
	geve rise to immedia	te ceuse	danoi	. O LITOCHO.	TITAL	u_ccr ac	TOIL			-	1 1,00	30
	(a), steting the ur	derlying DUE TO									0 00	
	couse lest.	) (c).		ce myelogen							9 Mo	
S	PART II. OTHER	SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH	BUT NO	T RELATED TO T	THE TERMIN	NAL DISEASE	CONDITION GIV	VEN IN PART		S AUTOPSY RFORMED?
K	Serum hen	atitis, dr	ug her	patitis, ga	astro	-intest	inal	hemory	hage ba	cteria	1 YES 5	NO 🗌
CERTIFICATION	200. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY C	CCURED	. (Enter neture of	f injury in	Pert I or Pert I	l of item 18. DN	eumoni	a	
		MEDICAL EXAMINER)										
CAL	20c. TIME OF INJUI	RY Month, Day, Yes	er 20d. I			CE OF INJURY ( ory, street, office			y or town)	(Coun	ty)	(Stete)
MEDI	Hour a.m.	19	et work									
		nat (1) (this hospit	al) attend	ded the deceased	from	June 13		19.67 to	December	c. 2319.6	1 that (I	) (we) last
	saw the deceas	ed alive onDece									e date sta	ted above.
	220. SIGNATURE	erne &	w.	I, solni	П	ATTENDIN		MED.	STAFF PHYS.	12-23	3-61	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	Mh arma C	1.74	TTT 1	M D	22d. ADD	RESS Th	e Clin	ical Cer	nter, 1	Vationa	al
		Thorne 2	· WILL	er, III, 1	M.D.				ealth, I			
23	BURIAL, CREMATIC REMOVAL (Specify)	12/26/0		Chaste					ation (city, to estert	96.4	W 79	(Stele)
24	PUNERAL DIRECTOR	S/SIGNATURE DO	lin a	ADDRESS,		7.5.2	2Sa. REC	D'D BY REGIS	TRAR 256. RE			
1	MATATHIN	Willia	ms C	hesterto	wn,	Ma.	DADEC	2 8 '61	ant	lun 8. 10	iaus	

. . ( the second of DE TOUR DESIGNATION make the paint from the learning regularity to the particular to the same of t The constitution of the contract of the contra Line transport of the The contract of the contract o

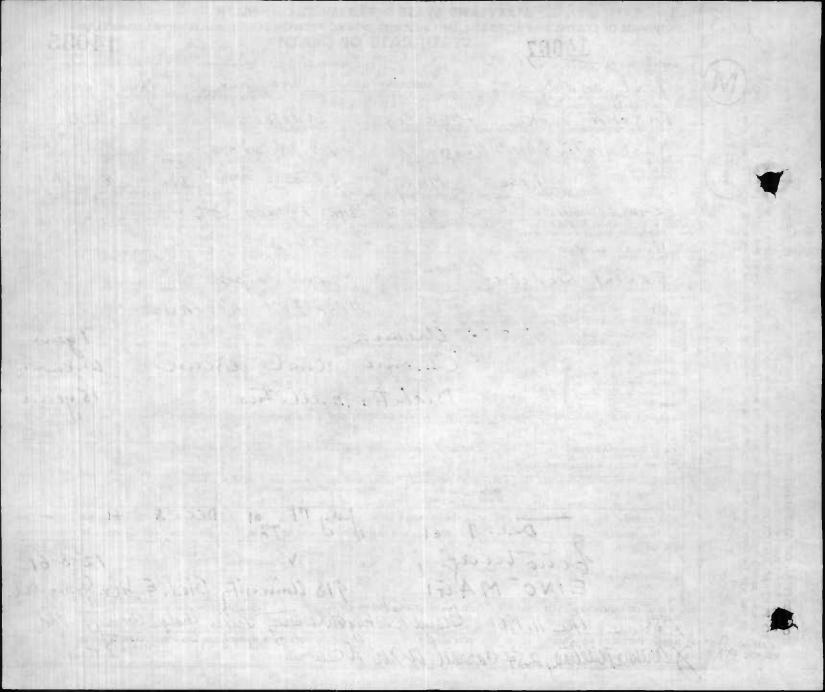
### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

14067 CERTIFICATE OF DEATH

14035

-			
1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased livad, If institution: Res	sidence before edmission)
	a. COUNTY	a. STATE AL . b. COUNTY O .	0
	MARYLAND MARYLAND	MARYLAND PRINCE	yeorgo
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. CITY OR TOWN (It outside corporate limits, write RURAL and s	give nearest lown)
	TAKOMA Park IMO + Iday	adelphi 165	7-2
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	. IS RESIDENCE
	11/2 1 1 5 - 11	P 1	ON A FARM?
2	Washington Dan & Hosp.	1415 NUATAN ST.	YES NO Q
٥.	NAME OF First Middle	Lest 4. DATE Month	Dey Yeer
	(Type or print) Rose MARY		8 1961
5.	SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8	. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 Y	EAR   IF UNDER 24 HRS.
		M - 1 - 10	ays Hours Min.
	FEMALE White WIDOWED DIVORCED D	MAR. 7-1907 54 Yrs.	
10 d	a. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country)   12. CITIZ	EN OF WHAT COUNTRY?
	11	6410	
13	HOUSE WIFE	14. MOTHER'S MAIDEN NAME	
		· · · D ·	
	ERNEST Bodeker	MINNIE Piper	
15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. If (es, no, or unknown)   (lfyesgivewerordetesofservice)	INFORMANT Address	
11	NO (II) (II) (II) (II) (II) (II) (II) (II	Hospital Records	
-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	in spiral necessis	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: " Chemi		ONSET AND DEATH
	IMMEDIATE CAUSE (e)		1 year
	260 X DUE TO		. 0,
	Conditions, if any, which \ (b)	renal disease	unknown
	geve rise to immediate cause		
	(a), stating the underlying DUE TO	s mellitus	154000
	cause lest. (c)	2 , , , , , , , , , , , , , , , , , , ,	· s years
ZO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(e) 19. MAS AUTOPSY PERFORMED?
ĬΨ			YES NO TO
CERTIFICATION		). (Enter neture of injury in Pert I or Pert II of item 18.)	
ERT	OR CONTRIBUTING   CAUSE OF DEATH   (IF EITHER, NOTIFY MEDICAL EXAMINER)		
MEDICAL	feet	CE OF INJURY (Home, ferm, '20f. (City or town) (County, street, office bldg., etc.)	y) (Stete)
WED	Hour a.m.  p.m.  19  While Not While et work at work		
		July 17, 1961, to DEC , S, 196	1 that (1) () last
	21. I certify that (I) (this haspital) attended the deceased from.	1	
	saw the deceased alive on Dec - 1	Beath occured at. 7. M. M, from the causes and on the	
	22e. SIGNATURE	ATTENDING MED STAFF	22b. DATE SIGNED
	how war,	I.D. PHYS. DIRECTOR PHYS.	12-8-61
	22c. PHYSICIAN'S	22d. ADDRESS	
	NAME (Type) EINO MAGI	913 University Dlad E Sil	is Straine But
_		110000000000000000000000000000000000000	The state of the s
23		OR CREMATORY 23d TOCATION (City, town or county)	(Istate)
	Burnel Necs 11. 1961 Florge Wash	regton Cemelery Orince Glorges Coun	4, 114
2	FUNERAL DIRECTOR'S SIGNATURE ADDIESS	25a. RICIPLEY REGISTRAR 256. REGISTRAR'S SU	GNATURE
1	X. (10 Then Thatter 25/ dansell M. 211)	100 arthur	Kraug
1	x www. poucous, 254 carract in 100	DATE	
/			



### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

14068
CERTIFICATE OF DEATH

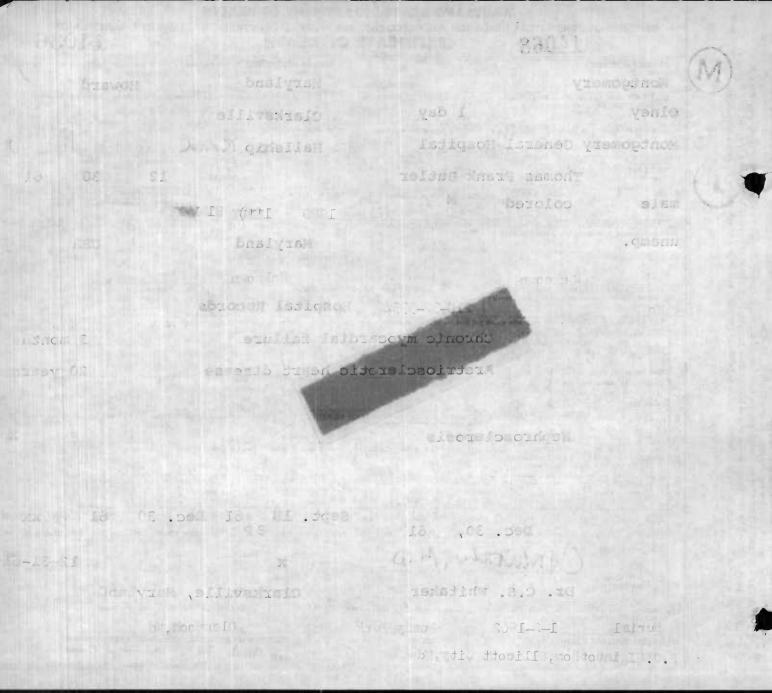
14036

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed live	
Montgomery MARYLAND	* Maryland b.	Howard
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits	, write RURAL end give nearest town)
Olney land give nearest town)	Clarksville	13x.2.
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	IS RESIDENCE     ON A FARM?
Montgomery General Hospital	Hallshap Road	YES NO
3. NAME OF First Middle DECEASED	OF	Month Dey Yeer
(Type or print) Thomas Frank Butler	DEATH	12 / 30 1961
5. SEX Male    6. COLOR OR RACE  7. MARRIED   M NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In lest birth	1 1
male colored WIDOWED DIVORCED	1880 1880y 81	Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUST		untry) 12. CITIZEN OF WHAT COUNTRY
dona during most of working life, even if retired) unemp.	Maryland	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0011
Unknown	Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.		ddress
(Yes, no, or unkown) (Ifyesgivewerordatesotservice) 218–32–3334	Hospital Records	
18. CAUSE OF DEATH [Enter only one cause public locals], (b), and (c).]	11000100	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY Chronic myrogan	dial failure	ONSET AND DEATH
IMMEDIATE CAUSE (a) CHILOTITE INVOCAL	diai idilule	3 months
DUE TO	1 11	
Conditions, if any, which geverise to immediate cause	ic heart disease	20 years
(e), steting the underlying DUE TO	William Control of the Control of th	
ceuse last. (c)	A SECOND	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	A TO THE TERMINAL DISEASE CONDITION	N GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
Nephrosclerosis		YES NO
	D. (Enter neture of injury in Pert I or Pert II of item 18	.)
20c. TIME OF INJURY Month, Dey, Yeer   20d. INJURY OCCURRED   20e. PL	ACE OF INJURY (Home, ferm, ; 20f. (City or town)	(County) (State)
Hour a.m. While Not While fe	ctory, street, office bldg., etc.)	
	Cont 10 (61 . Do-	20 151 110
21. I certify that (I) (this hospital) attended the deceased from		
saw the deceased alive on Dec. 30. 1961., and the	it death occured at Q. P.M., from the car	
220. SIGNATURE Ather M.D.	ATTENDING MED. STAFF	22b. DATE
	M.D. PHYS. DIRECTOR PHYS.	12-31-61
PHYSICIAN'S NAME (Type) Dr. C.S. Whitaker	22d. ADDRESS  Clarksville, M	aryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY		
REMOVAL (Specify) Burial 1-2-1962 Bushy Park	Glenwood,	Md
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b	
F.C. HIginbothom, Ellicott City, Md	DATE JAN 3 '62	aribus S. House
T. O.O. HTPTHOOMING THE TOOL OF OR A LINE	DAIL	

SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and content of the electron of the place of VR A15 (4)

15M 9/60



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BIFLUENTSIN

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Halleng Krink

12 12 10 ,3.11.7931130

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VR A1S (4) 1SM 9/59

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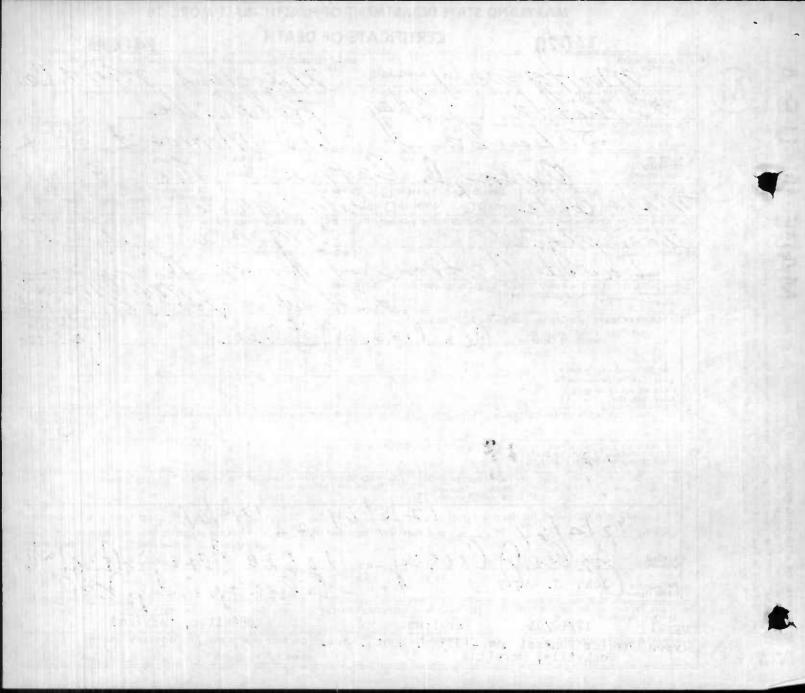
MARYLANI	STATE	DEPART	MENT (	OF HEA	LTH
ISION OF STATISTICA	L RESEARCH	AND RECOR	DS - BA	LTIMORE 1,	MARYLAND
CI	DTIELC	ATE OF	DEAT	L	

14060 CERTIFICA	1400	7,7				
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admiss	sian)				
a. COUNTY Montgomery MARYLAND	o. STATE Maryland b. COUNTY Montgomer	v				
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town	n)				
RURAL and give nearest town)  BEXXXXXXXENSINGTON	4 Bethesda					
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RES ON A	FARM?				
Kensington Gardens San.	4405 East-West Highway YES	NO CXX				
3. NAME OF DECEASED (Type or print)  Tenvietta Kibble	OF OF	Year 19 <b>61</b>				
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER					
WIDOWED DIVORCED	Nov. 6, 1880 81 yrs. Months Boys Hours	Min.				
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU		COUNTRY?				
during most of working life, even if retired)  Housewife	Washington D. C. USA					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0.50				
Alexandria Kibble	Elizabeth (Unknown)					
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. III	NFORMANT Address					
No 578-30-6117B	Elmer Carrick-Husband-same 2d					
18. CAUSE OF DEATH [Enter only one couse retains for (o), b), and (c).]	INTERVAL BE					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	scribar accident imme	1 4 4 6 .				
321 / DUE TO (1)						
Conditions, if ony, which ) (b) EVEDY 8	Constraint I avolved I marin solorosis					
gave rise to immediate DUE TO						
lying couse last. (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS	AUTOPSY ORMEQ?				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	YES 🗀					
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE OF CONTRIBUTING CAUSE OF DEATH	D. (Enter nature of injury in Port I or Part II of item 18.)					
	ACE OF INJURY (Home, form, 20f. (City ar tawn) (County)	(Stote)				
Haur o.m. While Not while fa	ctary, street, office bldg., etc.)	(31010)				
p. m. 19 of work of work	60 0 to 11					
21. I certify that (I) (this hospital) attended the pleceased fram	1/95					
	death occurred at 5 pM, from the causes and on the date stated					
22- SIGNATURE	ATTENDING . MED STAFF 30/6/6	SIGNED				
220 PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS. 12/6/6	T				
GEOVE A, GRAY TR. M	D. 14740 Chery Chrise Dr. Chery	ndsay				
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, town, or county) Visto	ite)				
Burial 12/8/61 Rock Creek	Burial 12/8/61 Rock Creek Cemetery Washington, D. C.					
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE					
Robert A. Pumphrey, Bethesda, Ma	ryland DATE DEC 0 01 Colony d. Thous	1850				

The second of the second THE REPORT OF THE PROPERTY OF METRICAL CONTRACTOR The state of the s

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18	
	CEDTIEICATE	OF DEATH	

14070 CERTIFIC	ATE OF DEATH
1. PLACE OF DEATH  o. COUNTY  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside carpoone limits, write RURAL and give negres fown)	c. CITY OR TOWN (If outside corporate limits, write (URAL and give nearest town)
d. NAME OF HÖSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES   NO NO
3. NAME OF DECEASED (Type or print)  Second	Lost 4. DATE Month Day Year OF DEATH Let 9 1961
5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED DIVORCED  DIVORCED	B. DATE OF BIRTH  9. AGE (In yeors low birthdoy)  Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	USTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY)
13. FATHER'S NAME HOW OID (2 + Your	14. MOTHER'S MAIDEN NAME LENNISON
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes. no. or unknown)   Ilf yes. give war or dates of service)	INFORMANT Address Allison Ma
18. CAUSE OF DEATH [Enler only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	interval between onset and death Leelles
58/,0 DUE TO	
gave rise to immediate couse (o), stating the under-lying couse last.  (b)  DUE TO	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES \[ \] NO \[ \]
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Part I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work 7 p. m.	**LACE OF INJURY (Home, farm, octory, street, office bldg., etc.)  (County) (Stote)
21. 1 certify, that I ottended the deceased from 1260 olive on 1260 olive on 1260 on 1	h occurred at A. M., from the causes and on the date stated above.
ACTUAL SIGNATURE SORING CUSTIN	ADDRESS (StyGol, city or town, stote)  DATE SIGNED  1 7 6 7 0 10 10 10 10 10 10 10 10 10 10 10 10 1
PHYSICIAN'S John J. Curry	Cilia Saine Mil
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 12/12/61 Parklawn	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Rockville, Maryland
23 FUNERAL DIRECTOR'S SIGNATURE FOR Home-1493 FSSE. Mont Tyson Wheeler Historial Home-1493 FSSE. Mont Rockville, Maryland	



Division of STATISTICAL RESEARCH **BALTIMORE 1, MARYLAND** FOR STATE CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY necessary, ector. Page b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) files. MARYLAND d for your fill Board of He c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) e. IS RESIDENCE ON A FARM? NAME OF YES NO TO ate Middle DATE DECEASED OF (Type or print) DEATH ene 19 5. SEX B. DATE OF BIRTH 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. may 5 may d 2 will hours last birthday) Months Days WIDOWED DIVORCED 10a. USUAL OCCUPATION (Giva Kind of work 11. BIRTHPLACE (Steta or foreign country) 10b. KIND OF BUSINESS OR INDUSTRY I 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Give Pages 1 rm PM3. Pag File pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN Office along burial-transit p PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) SUBJECT "pending" in pencil Office a EPUTY MEDICAL EXAMINER: This certificate should be s a burial-tr DUE TO Conditions, if eny, which geve rise to immadiate causa DUE TO (a), stating the underlying 95 Medical Examiner 6 pesn cause last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CERTIFICATION WAS AUTOPSY 9 PERFORMED? the word YES NO plnods 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) PRIMARY TI or CONTRIBUTING TI la l CAUSE OF DEATH. ease execute the certificate, writing should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 s its designated agent, prior to buria MEDICAL 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) 20f. (City or town) (County) (Stete) factory, street, office bldg., atc.) Hour a.m. While Not Whila at work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) SCAZ A Addi Address (Streat, city, town, or county) 220. BURIAL, CREMATION, REPOYME (STOCIFY) DATE THEREOF 22d. LOCATION (City, town, or country) Rocky Hill. 40 Clarksbuite Mi 240. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE ADDRESS **VS. A15ME** Rockville, Md. Cirthun S. France 5M 9/60 DATE DEC 2 8 '61

Carks programmed ma General Delivery History chairs some Marshall Day · Control of the cont Light description of the control of

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

14072 CERTIFICATE OF DEATH

14040

1. PLACE OF DEATH a. COUNTY		nere decessed lived, If institutions Res	Idence bafora edmission)
Montgomery MARYLAND	%. STATE Maryland	b. COUNTY	04400
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)		Prince Ge a corporeta limits, writa RURAL end g	ive nearast town)
Takoma Park.	Laurel.	16	x · 2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS		o. IS RESIDENCE ON A FARM?
Washington Sanitarium and Hospital 3. NAME OF Middle	Patuxent Rese	arch Refuge,	YES NO T
(Type or print)	0	FRTU	10 (7
	Clark   B	19. AGE (In years   IF UNDER 1 TE	19 61
7. MAKNED LINEYER MAKNED		lest birthday) Months De	
Male White WIDOWED DIVORCED		961 _ yrs.	90
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	RY 11. BIRTHPLACE (County & St.	ate, or toreign country) 12. CITIZE	EN OF WHAT COUNTRY?
no	Maryland	Ame	rica
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Gordon Marston Clark	Tothon	Amma Tanan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. 1	Esther	Anne Janney	
(Yes, no, or unkown) (Ifyasgivawarordatasofsarvica)		Addiess	
no no no	father	CALLED AN INC.	
18. CAUSE OF DEATH [Entar only one ceusa par lina for (e), (b), and (c).]	0		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	1-26 whs . 9	estation	90 min. T.
776V DUE TO	7		
Conditions if any others			
Conditions, if any, which gever list to immediate cause (b)			
(e), stating the underlying DUE TO			
causa last. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PART 1	e) 19. WAS AUTOPSY PERFORMED?
T-Y			YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	). (Entar nature of injury in Perl I or	Part (I of itam 18.)	
ZOc. TIME OF INJURY Month, Day, Year   20d, INJURY OCCURRED   20a, PLA	CE OF INJURY (Home, ferm, 1 20)	. (City or town) (County	r) (Stete)
	tory, street, office bldg., etc.)		
p.m. 19 at work at work	1		
21. I certify that (I) (this hospital) attended the deceased from.	, 19	, to, 19	., that (I) (we) last
saw the deceased alive on	death occured atM,	from the causes and on the	date stated above.
22a. SIGNATURE		A PARTY OF THE PARTY	22b. DATE
Or olar The Aprilation	ATTENDING MED.	OR PHYS.	12/10/6 SIGNED
22c. PHYSICIAN'S	22d, ADDRESS		7,707
NAME (Typa)			344
Valgene M. Milstead, M. D.		St., Silver Sprin	
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d.	LOCATION (City, town or county)	(Steta)
Cremation 12-11-61 Washington	Sanitarium and	Hospital Takoma	Park, Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY	REGISTRAR 256. REGISTRAR'S SIG	SNATURE
Robert A. Hare, M. D. Washington San. &	HognitadarDEC 14	161 Orilary 8 #	tion
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14073 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution a. COUNTY a. STATE Montgomery MARYLAND Maryland Montgomery b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town days Wheaton Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? The Clinical Center, Bethesda 14, 11516 Georgia Avenue YES NO 4. DATE Month Yeer Day DECEASED OF (Type or print) DEATH De Sales 19 Frank Clark December 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR ast birthdey) Months Devs Hours Min. Male White July 10, WIDOWED A DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Service Man Washington, D.C. U.S.A. Wash. Gas Co. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank Albert Clark Mary Connolly 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT The Medical Records 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 15. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (Ifyesgivewerordatesofservice) 577. 07. 7800A. Unascertainable The Clinical Center. Bethesda 14. Maryland 18. CAUSE OF DEATH [Entar only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Bronchopneumonia days IMMEDIATE CAUSE (e) DUE TO Carcinoma of the lung with metastasis Conditions, if eny, which l year (b) geva risa to immediate ceusa DUE TO (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? NO NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (Stete) (County) factory, street, office bldg., etc.) While Not While Hour a.m. et work et work

20a. ACCIDENT WAS UNDERLYING TI

saw the deceased alive on

CERTIFICATION

MEDI

21. I certify that (X (this hospital) attended the deceased from November 13

M.D.

. 19.61 to December .. 18 19.61, that (Nr (we) last

22e. SIGNATURE

ATTENDING MED PHYS. DIRECTOR

December 18.19.61, and that death occurred at 1.15.145. From the causes and on the date stated above.

PHYS.

SIGNED 12/19/61

22c. PHYSICIAN'S NAME (Typa

John C. Marsh, M.D.

The Clinical Center, National Institutes of Health, Bethesda 14, Md.

23a. BURIAL, CREMATION 123b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)

23d. LOCATION (City, town or county)

(State)

22b. DATE

Burial

Mt Olivet Cemetery

Washington

24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wash. D.C. 250. REC'D BY REGISTRAR 256. R

DIRECTOR: After this c detached for n UNERAL VR A15 (4) 15M 9/60

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IN CALLED X Twittenson match, bot cold [] H. Common, demen, n.d.

eartal 18-21-61 Ht Olivet Cemetery Washington D. C.

PRANCES .. COLLINS SEEL MALLE ST. N. W.

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etely filled in by the funeral ted within 24 hours after hours aft OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be reported may be retained by the hospital or attending physician.

S. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and confinector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event with

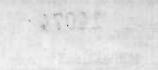
> VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1207/. CERTIFICATE OF DEATH 14074

_	14074	CERTIFICATE	OF DEATH		14049
1.	PLACE OF DEATH			CE (Where decessed lived, If institu	ition: Residence before admission)
	MONTGOMERY	MARYLAND	e. STATE	TAND b. COUNTY	MONTGOMERY
1	b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 1b		If outside corporete limits, write RUR	A Section Co.
/	write RURAL end give neerest town)	2 4	45 000	HE CD 4	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospi	itel, give street address)	d. STREET ADDRESS	HESDA	e. IS RESIDENCE
					ON A FARM?
3	NAME OF SUBURBAN First	Middle	9409 SING	LETON DR.	Dey Year
1 "	DECEASED	Widdle	Fezi	OF	Dey Year
	(Type or print) KATHERINE		MENTS	Dec.	3 181
5.	SEX 2 6. COLOR OR RACE 7. MARRIED	X NEVER MARRIED   8	DATE OF BIRTH	9. AGE (In yeers IF UI lest birthdey) Mor	
	WIDOWED	DIVORCED	xu19 6 -19	56 yrs. Moz	oths Days Hours Min.
	one during most of working life even if retired)	ND OF BUSINESS OR INDUSTRY	/ .	1- 50	2. CITIZEN OF WHAT COUNTRY?
	govt su	perison.	Woshu	Allon D.C.	USA
13	FATHER'S NAME	V	14. MOTHER'S MAIDEN		
	George A Bessle	N	Regina	) A scalt	1
15		OCIAL SECURITY NO. 17. I	NFORMANT	Address	
(Y	es, no, or unkown) (Ifyes give wer or dates of service)	10-01-0760 f	teury	& Clements	Rame
=	18. CAUSE OF DEATH [Enter only one ceuse per lin	ne for (e), (b), and (c).]			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:		Acclusion	= Interaction	ONSET AND DEATH
	IMMEDIATE CAUSE (e)				Jarys.
	4201 DUE TO	Arterio S	alerasis		
	Conditions, if eny, which geve rise to immediate cause	Allelio	) = / = / -		
	(e), steting the underlying DUE TO				
	couse last. (c)				
o N	PART II. OTHER SIGNIFICANT CONDITIONS CONT	A	T RELATED TO THE TERMIT	NAL DISEASE CONDITION GIVEN IN	PART 1(0) 19. WAS AUTOPSY PERFORMED?
3	Bronchia				YES NO
CERTIFICATION	200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH	RIBE HOW INJURY OCCURED.	(Enter nature of injury in	Pert I or Pert II of item 18.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
S		for the	CE OF INJURY (Home, farm ory, street, office bldg., etc.		(County) (State)
MEDICAL	Hour e.m. While et work		ory, sileer, office biog., etc.	•1	
	21. I certify that (I) (this hospital) attend	ed the deceased from	11/29	1961 to date	., 19, that (I) (vc) last
	saw the deceased alive on 3 P44	10/2 and that	death occured at /2		
	22a. SIGNATURE		dealif occured avan		22b. DATE
	John S. B.	el m	DILLIE Danner	MED. STAFF	12/3/61 SIGNED
	22c. PHYSICIAN'S	M.	22d. ADDRESS		
	NAME (TYPE) John G. Ball		7936 01	d Georgetown I	Rd. Beth. Md.
-	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY (		23d. LOCATION (City, town or	
23	REMOVAL (Specify)			Washington.	
_	Duil 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Glenwood Ce		1 0	
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		C'D BY REGISTRAR 25b. REGISTR	AK.2 2IGNATUKE
	Robert A. Pumphrey, Be	tnesda, mar	YLANG DAMEC	6 '61 Orling	& Transa



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1936 Old Secretion Rd. Bdth. Mg.

12/6/51 Cleuwood Demotery Washington, D. C.

Robert A. Promobrey, Bothesda, Naryland - - 1

letely filled in by the funeral apers. Pages 1 and 2 should 72 hours after death. ted within 24 hours after TO COPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be expected any be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and confirector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within

VR A15 (4) 15M 9/60 90

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND L4075 CERTIFICATE OF DEATH 14043

	PLACE OF DEATH	THE PARTY OF THE PARTY.	2.	USUAL RESIDER	NCE (Where decessed	lived, If insti	tution: Residence		dmission)
	Montgomery	MARYLA	ND	Maryl		Montg	omerv		
1	b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. LENGTH OF STAY IN			(If outside corporete lin			earest tow	n)
	Ashton	3 months		43 Kensi					
	d. NAME OF HOSPITAL OR INSTITUTION (if not	in hospitel, give street address)	- 1	d. STREET ADDRESS	S				A FARM?
	Belmont Nursing Home		/	4406	Brookfield	Dr.	125		NO T
3.	NAME OF First DECEASED FRANK	STANLEY CONS	STABL	Last.	4. DATE OF	Month	Dey	Yee	
	(1 ype or print)		7 2 4 2 1 2 2	4-0	DEATH	Dec.	29	196	
5.	SEX 6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	] 8. D	ATE OF BIRTH	9. AGE	(In yeers IF U	JNDER 1 YEAR	IF UNDER	
		OOWED TO DIVORCED	] 00	et. 4,1888	73	irthdey) Mo	onths Days	Hours	Min.
1De	. USUAL OCCUPATION (Give kind of work	Db. KIND OF BUSINESS OR INC	OUSTRY   1	1. BIRTHPLACE (Co.	unty & State, or foreign	country)	12. CITIZEN O	F WHAT	OUNTRY?
M	ne during most of working life evan if retired) anntenance -DC.T ransit			Vi	rginia	THE STATE OF	U.S	.A.	
13.	FATHER'S NAME		14.	MOTHER'S MAIDEN	N NAME	1			
	George W.Constable			Lucy Ho	reman				
	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INF	ORMANT	Z Omeri	Address		- La 11	
(Ye	s, no, or unkown) (lfyesgivewerordetesofservice		Man	Madalina	0 177	440	6 Brook	field	Dr.
	No	1578-10-6144A	Mrs.	.maderrue	C. Vierbuch	en, ken		PING .	D. (EFA)
	18. CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY:	per line for (a), (b), and (c).	1.	1.	1 1-			SET AND	
	IMMEDIATE CAUSE (a)	Myocar	La	& en	farclion	٠	3	hu	3
	11 h h DUE TO			1	0	(		1	
	Conditions, if eny, which (b)	to on on	, ac	in to	eelune	an.	3	ti	
	geve rise to immediate cause	7	1	1	1				
	(e), steting the underlying DUE TO	TOWN Vi	261	0-10	-0-10	-	1		
1_	ceuse lest. (c)	CONTRIBUTING TO DEATHER	LA NOT N	week	WHAT DISEASE CONDI	ELON CIVEN	DADT 5(-) 1 3(	2 WAS A	LITORCY
Ó	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?								
3							Y	ES	NO 🗗
CERTIFI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  19. WAS AUTOPSY PERFORMED?  YES NO  OR CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING CAUSE OF								
1	20c. TIME OF INJURY Month, Dey, Yeer	2Dd. INJURY OCCURRED   2Dd			rm, 20f. (City or tow	n)	(Çounty)		(State)
MEDICAL		While Not While	fectory,	street, office bidg., et	tc.)	,	1		
Z	P.III. 17	et work et work		153/	1	1.00			
	21. I certify that (I) (this hospital)	1		/ / /	/	/ /	,		
	saw the deceased alive on	128/ 196/ and	that de	ath occured at	J.P.M. from the	causes and	d on the da	te state	d abave.
	22e. SIGNATURE	0 /		ATTENDING	MED. STA			/22b	. DATE SIGNED
	D MVV	2RH	M.D.	PHYS.	DIRECTOR PHY		12	18	SIGNED
	22c. PHYSICIAN'S			22d. ADDRESS			12	10/	1
	NAME (Type) Donald Nel	son		10,620	Georgia Ave	e.,Sil	ver Spr	ing N	id.
230	BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEME	TERY OR		23d. LOCATION				tete)
	REMOVAL (Specify) Burial Jan.2,1	962 Cedar Hil	1 Cor	neterv		Suitl	and. M	d.	
	FUNERAL DIRECTOR'S SIGNATURE	ba ADDRESS		25e. R	EC'D BY REGISTRAR				-
7	Varner E. Pumphrey, Inc.	434 Ga.Ave., Si	lver	SPTINGATE	JAN 4 '62	Con	mu 1 . 100		
-	The manufactor of the state of		L						

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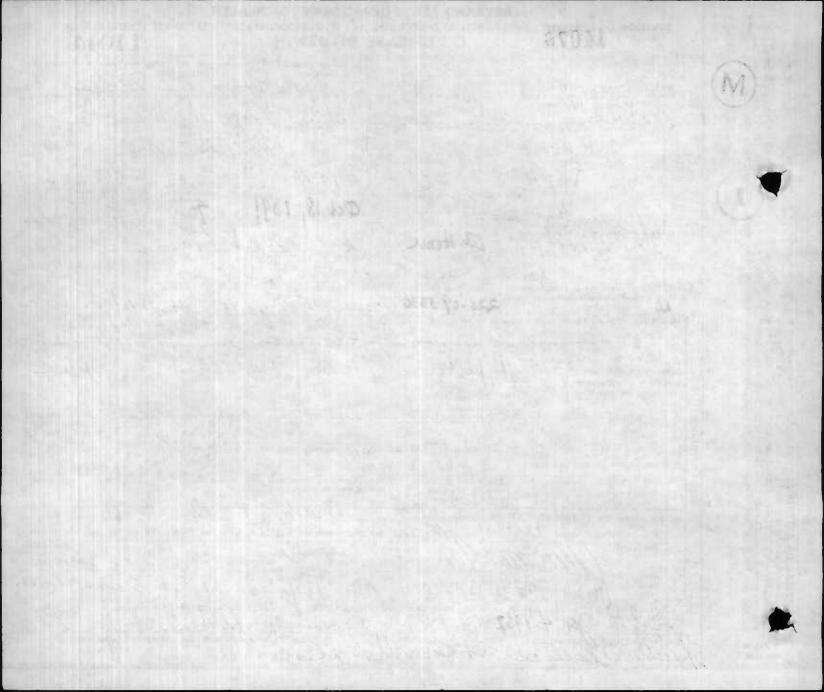
### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

14076 CERTIFICATE OF DEATH

14044

1.	PLACE OF DEATH	2. USUAL RESIDENCE (Whara deceased lived, If Institution: Rasidence before edmission)
	e. COUNTY WARDEN AND WARDEN AND	a. STATE Marchen & b. COUNTY Maretage
-	b. CITY OR TOWN (if oyiside disposete limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If putsicle corporate limits, write RURAL end give nearest town)
	write RUKAL and dive naagest town)	122110-91
	Rackrille -	24+12- Judependance Xt -
	d. NAME OP HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS  ON A FARM?
	Keridence	Kackillo- TIM YES NO TI
3.	NAME OF First Middle	Last 4. DATE Month Dey Yeer
	DECEASED	/ ' OF / / / /
	(Type or print) / UTH	COPER. DEATH Dec. 31 1961
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.  lest birthdey)  Months Days Hours Min.
	T WIDOWED DIVORCED	CCV.18, 184 70 yrs.
10 de	e. USUAL OCCUPATION (Give kind of work   1Db. KIND OF BUSINESS OR INDUST one during post of working life, even it retired)	RY 11. BIRTHPLAGE (County & Stole for foreign country) 12. CITIZEN OF WHAT COUNTRY?
	House wege. WHom	New Mexich - La-
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Very hir any	$m \rightarrow 1$
15	WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address
	es, no, or unkown)   (Ifyasgivewerordatesofservice)	The state of the s
	W 220-07-3596 ft	raine // yere: 1472- macpareanice
	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	Meckaello-Ma I INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	minutes
	46 7 8 1	
	DUE TO	Id and Dining
	Conditions, if any, which \ (b) / 19 10 Cuscul	reco yourse part
	geve rise to immediate cause (e), steting the underlying DUE TO	
	couse lest. (c)	
z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
CATION		PERFORMED?
5		YES NO X
CERTIFI	2De. ACCIDENT WAS UNDERLYING     2Db. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH	D. (Enter netura of injury in Part I or Pert II of item 18.)
L CE	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
\S	to the state of th	ACE OF INJURY (Home, farm, '20f. (City or town) (County) (State)
WED	Hour e.m.  p.m.  19  While Not While at work	31 1 1
		March, 1958, to Mu 31, 1961, that (1) (we) last
	21. I certify that (I) (this hospital) attended the deceased from	in a
		t death occured at [1 KM, from the causes and on the date stated above.
	22e. SIGNATURE	ATTENDING MED. STAFF STAFF SIGNED
	1 / // Willie h	A.D. PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type) ABRAHM WI) ANISH 1	1) 106 > PRINT, ST. >1206/2/10/10/10
23	. BURIAL, CREMATION, 236. DATE THEREOF, 230 NAME OF CEMETERY	OR CREMATORY 23d. OCATION (City, Igwn or county) (Signal)
	REMOVIAL (Spacify) DOW 4.1962 Les L'ALOIL	Yourelover backsillo horda. MR.
24	MUNERAL DIRECTOR'S GIONATURE ADDRESS	1 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
24	1. He by the self as 25A free call	ATT. ST
11	LILLACO JACCEEX 121 MARCELL	DATEAN 3 '62   Chilling & King
4		



HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the. Page 4 may be retained by the hospital or attending physician.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and bletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depth. VR A15 (4) 15M 7/61

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

							UTU
1. PLACE OF DEAT	н		2. USUAL RESIDEN	ICE (Where			ce before edmission)
Montgomer	.v	MARYLAND	a. STATE Mary	vland	b. COUN	Montgom	erv
b. CITY OR TOWN	(if outside corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		rporate limits, write		
Bethesda (	d give neerest town)	27 days	Takoma Pa	מיינים	, 7		
	ITAL OR INSTITUTION (if not in		d. STREET ADDRESS	,	,		. IS RESIDENCE
					1		ON A FARM?
U.S. Naval	Hospital, Beth		516 Dome	-	Apt.非 3		YES NOX
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Mont	Dey	Yeer
(Type or print)	Darwin	(n)	CORSA	DEAT	H Dec.	. 8	19 61
5. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED 8	DATE OF BIRTH			IF UNDER 1 YEAR	IF UNDER 24 HRS.
Male			0 Jan. 1910		last birthday) 57 yrs.	Months Deys	Hours Min.
10a. USUAL OCCUPA	TION (Give kind of work   10	b. KIND OF BUSINESS OR INDUSTR		nty & State, o	/	12. CITIZEN C	F WHAT COUNTRY?
	orking life, even if retired)						
Electricia 13. FATHER'S NAME	in I		Washing		.C.	USA	
	200						
Andrew COF			laura MAT	LEA			
	/ER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	NFORMANT		Address		
	WW TT	UNK (W)	Edith M. Co	ORSO	Same as	s #2 abov	е
	DEATH [Enter only one cause p	per line for (e), (b), end (c).]			-		TERVAL BETWEEN
PART I. DEAT	TH WAS CAUSED BY:	andin Anna	O amble	0111	2	10	ISET AND DEATH
IENV	IMMEDIATE CAUSE (e)	vicini mice of	esopho	gus			_
1201	DUE TO	C					
Conditions, if en	1-1						
(e), steting the	DUIT TO						
cause last. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY							
NA MA	PERFORMED? YES NO						
□ OR CONTRIBUTING	S UNDERLYING [] 20b. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in	Pert I or Part	II of item 1B.)		
ZOc. TIME OF INJ	JRY Month, Day, Year   20	Dd. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, feri	m, ! 2Df. (C	ity or town)	(County)	(Stete)
20c. TIME OF INJU	- W	/hileNot While factor	ory, street, office bidg., etc				
P	17 1	work et work	33 30 (3	1	70 0		
		tended the deceased from					
saw the decea	sed alive on 12-8	19. 61, and that	death occured at	.A.M, fro	m the causes	and on the d	ate stated above.
22e, SIGNATURE	~ ,	Λ					22b. DATE
I I	1)150061	A. A.	DI MIC	MED. DIRECTOR	STAFF PHYS. X	12-8-	61 SIGNED
22c. PHYSICIAN'S	O TOPICO	-	22d. ADDRESS				
NAME (IT) po	J.W. BRACKETT	JR.VLT MC USN	U.S. NAV	AL HOS	PITAL, BI	ETHESDA,	MARYLAND
23e. BURIAL, CREMAT REMOVAL (Specify	ION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LO	CATION (City, to	wn or county)	(Stete)
BURIAL	12-12-61	ARLINGTON NAT	IONAI.	ART.	INGTON	VT	RGINIA
24 FUNERAL DIRECTO	S'S SIGNATURE D	ADDRESS		C'D BY REGI	STRAR 256. RE	GISTRAR'S SIGNA	₹URE.
	EDAT TOME 7400	CEODOTA AVE CO		DEC 11		Chillian D. M	Carteria
VINATUL EMINI	ERAL NOME 7400	GEORGIA AVE, SS	MD. IDATE				

of the formation of the contract of the court to order and the control of the control FC ... (103 FE LUM VS(10) 1 (10) 1 The state of the s 10-01-14 miles THE STREET OF STREET STREET, STREET STREET, ST and a very contract the state of the terms of the terms of the second

funeral within 24 hours after the day == filled in Pages letely and attending been signed by the permit. burial-transit burial the Se o use Prior Por detached ATTENDING DIRECTOR: Dept OR FUNERAL director, page 3

1. PLACE OF DEATH

b. CITY OR TOWN (if outside corporate limits,

write RURAL and give nearest town)

Kensington

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)

a. COUNTY

ARYLAND STATE DEPARTMENT OF HEALTH TON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

MARYLAND

c. LENGTH OF STAY IN 16

2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence belorg admission

a, STATE	Maryland Montgomery				
Maryland					
c. CITY OR TOWN (If outside corpora					
X Kensington	n				
d. STREET ADDRESS		e. IS RESIDENCE ON A FARM			

Road YES NO W 11121 Newbort Mill Newbort NAME OF DATE DECEASED OF (Type or print) DEATH 1967 Cox December 5. SEX B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) WIDOWED 3 1887 DIVORCED MALE OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?

done during most of working life, even if retired) USA New York Book seller Books 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME

Charles P. Cox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? Unknown 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or detes of service) 102-28-4973 Robert R. Cox-Son-same 2d

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420. DUE TO

Conditions, if any, which (b) gave rise to immediate cause **DUE TO** (a), stating the underlying

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY

CERTIFICATION 20a. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ! Hour a.m. While Not While at work at work n.m

20f. (City or town) factory, street, office bldg., etc.)

19.60 1, that (1) (we)-last

(County)

INTERVAL BETWEEN ONSET\_AND DEATH

PERFORMED?

(State)

YES NO X

1hr

21. I certify that (1) (this hospital) attended the deceased from March saw the deceased elive on ...... 22a. SIGNATURE 22b. DATE ATTENDING STAFF SIGNED PHYS. DIRECTOR PHYS. M D 6

22c. PHYSICIAN'S 22d, ADDRESS NAME (Type) 11300 Woodson Avenue, Kens, Md. 300 Woodson Ave 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)

REMOVAL (Specify) Lawn Cemetery New York, New York Burial-Transit Wood 24 FUNERAL DIRECTOR'S SIGNATURE

Orthur S. Thous DATEDEC 21 Robert A. Pumphrey, Bethesda, Maryland

VR A15 (4) 1SM 7/61

WEDICAL

in was filled troopen in the back field troopen initia 1 7 e roll - relies soul Contract Cox the arch - reservoir a madern even-servoir And . District of the control of the control Necessary Necessary . Necessary . 12/18/81 voo tematery west for the least to the last t Sebert A. Fosphrey, sechesda, Maryland Charlet M. 15

pletely filled in by the funeral papers. Pages Land 2 should 72 hours afterdeath. \*\*HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the Page 4 may be retained by the hospital or attending physician.

OFUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cletch filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages Article, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours afterdeath.

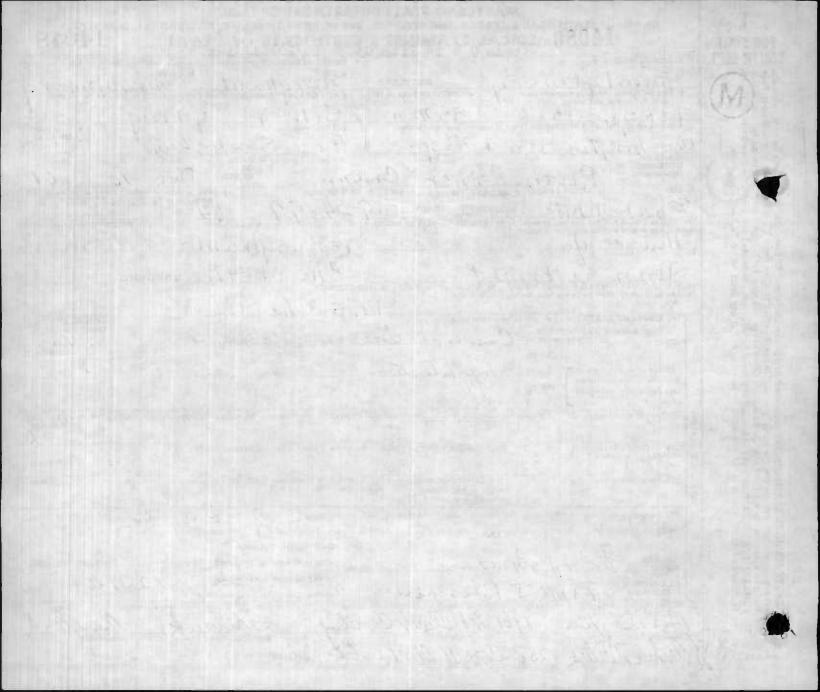
> VR A15 (4) 15M 7 61

A	MARYLAND STATE DEPARTMENT OF HEA	LIM
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STRE	ET, BALTIMORE 1, MARYLAND
14079	CERTIFICATE OF DEATH	11011

1. PLACE OF DEATH 2	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission)
10ntgomery MARYLAND	o. STATE 6. COUNTY
b. CITY OR TOWN (if outside corporate limits, /c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)
Takema Park 3 days	22 Silver Spring
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS O. IS RESIDENCE
	ON A FARM?
Washington Sanitarium + Hospital	9214 Minimood S1. LES NO 1
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Typa or print) Nellie alberta	(ex DEATH /2 - /5 19 6/
S. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Formale white widowed D DIVORCED	2-1-76 (ast birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
dona during most of working life even if ratired)	1/a. H.S. 9
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
TI II Taulas	T1 4 C 41
John W. 1agior	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yes, no, or unkown) (Hypergive were detector)	NFORMANT Address
no	ashington Sanitarium + Hospital Re
18. CAUSE OF DEATH [Enter only one cause postine jos (a) (b) and (c) 1 17 (	IN FARCT? DUE TO: INTERVAL BETWEEN ONSETAND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIOSCLERO	TIC HARDIO JASCULAR
1 420.1 DUE TO DISEAS	
Conditions, if any, which gave rise to immediate cause	
(e), stating the underlying DUE TO	
causa last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  DIABLETES MELLITUS ; ARSOMINAL AORT  208. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED  OR CONTRIBUTING   CAUSE OF DEATH  OF CHITTER NOTIFY MEDICAL EXAMINER)	
= 208. ACCIDENT WAS UNDERLYING □   206. DESCRIBE HOW INJURY OCCURED	. (Enter natura of injury in Part t or Part II of itam 18.)
OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. WhileNot Whila fact	lory, straat, offica bldg., atc.)
21. I certify that (I) (this hospital) attended the deceased from	Nov. 28, 1961, to DEC. 13, 1961, that (1) (we) last
saw the deceased alive on 12-14 1961, and that	death occurred at, M, from the causes and on the dete stated above.
22% SIGNATURE	22b. DATE
avest & South	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 12-15-61
22c PHYSIVIAN'S	22d. ADDRESS 1015 SPRING ST.
NAME (Type) DWIGHT R. SMITH	M.D. SILVER SPRING, MD
236. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY	
Burial 12-18-61 /aylor 10	Um Cem Colonial Black Ve
24 FUNERAL DIRECTOR'S SIGNATURE APPRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	LEO ZICE DATE DEC 21 '61 Chilling S. Thate
Wood,	10C

Takena the Colors Street Spring Vadiengton Somban und they hat 9214 Michael St. Wellie alberta lex 1 Finale White and V -1- 76 85 Housewife Cloud Tabertha Sattle John W. Toylot Westernaton Sanitarium & Hor

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12/20/61 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY Page b. COUNTY is necessary MARYLAND montgomery b. CITY OR TOWN (if ou side corporata limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) funeral director. write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) Por . IS RESIDENCE ON A FARM? retained he State B NAME OF YES NO 4. DATE Year DECEASED OF (Type or print) DEATH 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. NEVER MARRIED may 2 w last birthday) Months Days Hours hour and 2 and 2 DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) form PM3. Page 18. Give Pages pages 1 within File unknown AS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. Address permit. (Yas, no, or unkown) | (If yas give war or dates of service) Office along with burial-transit permi in pencil in Item MEDICAL EXAMINER: This certificate should be executed 1B. CAUSE OF DEATH [Entar only one cause per line for (e), (b), and (c). INTERVAL BETWEEN .5 PART I. DEATH WAS CAUSED BY, ONSET AND DEATH and IMMEDIATE CAUSE (a) removal DUE TO Conditions, if any, which (b) "pending" Examiner's ( geve rise to immadiate cause (a), stating the undarlying o cremation, or cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) | 19. WAS AUTOPSY CERTIFICATION ease execute the certificate, writing the word should be forwarded to the Chief Medical E. FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremati PERFORMED? NO V 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury In Part I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, ; 20f. (City or town) (County) (State) factory, street, office bldg., atc.) While Not While et work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry X and in my opinion agent, death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) CEMETERY OR CREMATORY 0 24e. REC'D BY REGISTRAR VS. AISME 5M 9/60 arthur S. DATED EC



TOP COPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the Page 4 may be retained by the hospital or altending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and content of the plant of the pla VR A15 (4) 15M 9/60

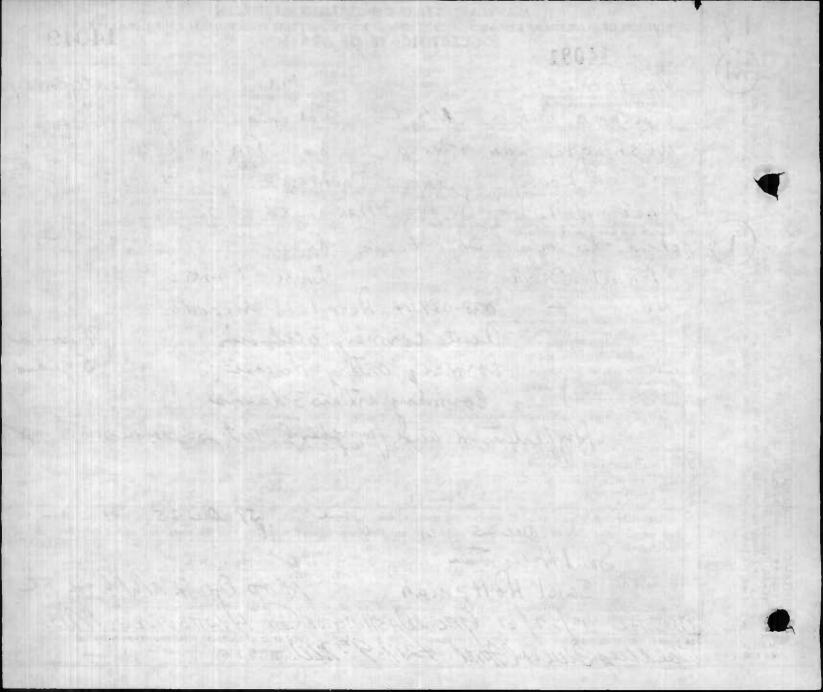
# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

14049

14187	
1. PLACE OF DEATH SOLUTION AS COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission)
MONTGOMERY MARYLAND	a. STATE Md. b. COUNTY MONTGOMERY
b. CITY OR TOWN If outside corporate limits,   c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give needs) town)
b. CITY OR TOWN (it outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town)	C. CIT OK TO WIT (II obliside Colporate Illillis, Wille Kokat, and give nearly town)
TakomA Park 22 hu	177 atoma Park
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS . IS RESIDENCE
1/10-1: 1 5 1/	ON A FARM?
Washington Dan. & Hosp.	8610 Garland UV. YES NO B
NAME OF DECEASED First Middle	Last 4. DATE Month Day Year
(Typa or print)	Davida(C. DEATH 12 35 1961
SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	B. DATE OF BIRTH S 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
MARKIED NEVER MARKIED	lest birthday) Months Days Hours Min.
MALE   White   WIDOWED   DIVORCED	MAR. 31-88 73 yrs.
108. USUAL OCCUPATION (Give kind of work   106. KIND OF BUSINESS OR INDUST	TRY   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
done during most of working life, avan if retirad)	Risein U.S.A.
Retired Shoe m/q. Shoe busin	255 11 0 3 3 1 7 7
13. FATHER'S NAME	T4. MOTHER'S MAIDEN NAME
LERAN DAVIDAGE	Links Lankus
5. WAS DECEASED EVER IN U.S. ARMED FORCES? J. SOCIAL SECURITY NO. 1 17.	INFORMANT Addrass
Yas, no, or unkown) (Ifyasgivawarordatasofsarvica)	11
NO - 028-03-9314	Hospital Records.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a)	many occlusion 4 hours
1/201 DUE TO 1	# 1
Conditions, if any, which \ (b)	Mon Viseane 2 Mars
gava rise to immadiata causa	hoping comme
(a), stating the undarlying DUE TO	111. c.1
causa last. (c)	Mars delins
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY
	PERFORMED?
Mylestensin and	response askers Scheros YES NO H
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCUPY OF CONTRIBUTING 1 CAUSE AND PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 1 CAUSE AND PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF CONTRIBUTIONS CONTRIB	D. (Enter natura of injury in Part I or Part II of itam 18.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	ACE OF INJURY (Home, farm, † 20f. (City or town) (County) (Stata)
	ctory, streat, office bldg., etc.)
p.m. 19 at work at work	
	1959 to Dec 25 , 196/, that (1) (wo) last
la -	//
saw the deceased alive on	death occured at
22a. SIGNATURE	22b, DATE
Jan Atty man	ATTENDING MED. STAFF SIGNED PHYS.
22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS
NAME (Typa)	220. ADDRESS 6 . CI 1/1/1-1 57
Saul Holteman	100 Cyc Jt. NW WM D.
Sa.) BURIAL, CREMATION, 236. DATE THERTOF S. NAME OF CEMETERY	OR CREMATORY ) 23d. LOCATION (City, town or county) (State)
DOEMOVAL (Specify)	1/11/6 TO 1/1/0 TE 1/1 - 1/15
	HINGTON EM HYATTS VILLE, IVID.
24 PUNERAL DIRECTOR'S SIGNATURE ADDRESS	25% REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
240 Alees 4110 12/ HMI. 421/-	9 - 1 Krass
Julia 1	/ POPULATION IN THE PROPERTY OF THE PROPERTY O



# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	7	14082	CERTIFICAT	E OF DEATH		14050
V		PLACE OF DEATH				fitution: Residence before admission)
		Montgomery	MARYLAND	District	of Columbiz	
		b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utide corporate limits, write R	URAL and give neerest fown)
5	-	Takoma Park d. NAME OF HOSPITAL OR INSTITUTION (if no	3 Weeks	d. STREET ADDRESS	on	47X-3
)	W	lashington Sanilar	rium + Hospital	7019 9	eorgiz AV	ON A FARM? YES NO Doy Yeer
		DECEASED (Type or print)	Ellen	Dau's	OF DEATH Dec	. 26 1961
	5.	SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED 18.	DATE OF BIRTH	9. AGE (In years   IF	
		T. ( 1.1.1	IDOWED DIVORCED	Och 16,18	7/ 90 yrs.	Months Deys Hours Min.
	10a do	n. USUAL OCCUPATION (Give kind of work the during most of working life, even if retired)	106. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County	& Stete, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Housewive		Tenn.		US.A.
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	15	WAS DECEASED EVER IN U.S. ARMED FORCES	2 134 COCIAL CECUBITY NO L 17 TI	Elizz.	Johnson	1
		is, no, or unkown) (If yes give wer or dates of service		Louise Kal		019 Da aux no
		18. CAUSE OF DEATH  Enter only one cau	se per line for (e), (b), end (c).]	rouis la Cae	1	/ INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	actionreaction	+ I nde	x 0 ) &	he ca ONSET AND DEATH
		63× <del>10000</del>	antertain to	who are	ite dust be	2 hos
		geve rise to immediate cause (a), stating the underlying cause lest.	Becurent by	goldhard	Ju	colt
1	ATION	PART II. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT NO	RELATED TO THE TERMINAL	L DISEASE CONDITION CIVEN	YES NO T
	CERTIFICATION	20a, ACCIDENT WAS UNDERLYING DOP. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURED.	(Enler nature of injury in Par	t I or Part II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer Hour a.m. 19	20d. INJURY OCCURRED 20e. PLAG While Not While fector at work at work	CE OF INJURY (Home, farm, ery, street, office bldg., etc.)	20f. (Cily or town)	(Counly) (State)
		21. I certify that (I) (this hospital)	atjended the deceased from	70 / 19	6.4 to 12 - 26	, 19 6., that (I) (we) last
		saw the deceased alive on	/26/ 19.6 /, and that	death occured at.1.1	M, from the causes ar	nd on the date stated above.
		220. SIGNATURE A No-LA	Pro-	ATTENDING MED	STAFF PHYS.	22b. DATE SIGNED
		22c. PHYSICIAN'S NAME (Type)	Wohitten	22d ADDRESS	Egiroll a	or John Parl
	23a	BURIAN CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY C	DE CREMATORY	23d. LOCATION (City town	or county) (State)
		Bureal 12-29-1	61 Cedar 74	ell	Suitlan	ed Mid
	24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS MC GLOD	nu DATE IEN		STRAR'S SIGNATURE
	_	Mely & williag Now	1010 Julia	TO THE STATE OF	2 '62 and	hug S. Kraus

VR A15 (4)

Title sk k marte in 52 ha up y shi THE WAY YES A CONTRACT OF THE PARTY OF THE The second of th

PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH pinous 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacaesad livad, If institution, Residence before edmission e. COUNTY e. STATE b. COUNTY oux MARYLAND DNEGOMERY b. CITY OR TOWN (if ourside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give learest town) thesa filled in Pages hours aff d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) e. IS RESIDENCE ON A FARM? YES NO W NAME OF DECEASED OF (Typa or print) DEATH 19 5. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE carbe NEVER MARRIED last birthday) Months Days House WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, aven if retired Gardening Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Diease aftending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (Ifyasgivawarordatesofservice) Elsie Day-Wife-same 578-10-2703 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN þ ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed burial-fransit DUE TO Undetermined Conomons, il any, which has been gave risa to Immadiata causa DUE TO (a), stating the underlying cause last. the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY certificate CERTIFICATION hospital as PERFORMED? NO nse 20a. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH DIRECTOR: After this (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20a, PLACE OF INJURY (Homa, farm, 20f, (City or town) (State) factory, streat, office bldg., etc. Whila Not Whila Hour e.m. at work at work p.m 22b. DATE 22a. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. M.D. FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Silver Spring Gate Heaven Cem. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE arthur S. Krous 15M 9/60 Robert A. Pumphrey, Bethesda, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4)

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filled in by the funeral Pages 1 and 2 should executed within 24 hours after hours after death etely Within carbon and co TO TOTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be a Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c director, page 3 should be detached for use as the burial-transit permit. Then please remove carbo be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with

VR A15 (4) 15M 9/60

2

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

141184	Items 8 & 9 Film	6303 12/20/61	1-1-	14052
1. PLACE OF DEATH		2. USUAL RESIDENCE (WI	nara decaasad livad, If Institution	on: Residenca balora admission)
a. COUNTY +	/ MARYLAND	a. STATE	b. COUNTY	+
h CITY OR TOWN (it audide correcte		CITY OF TOWN HE outsid	la corporate limits, writa RURA	engemery
b. CITY OR TOWN (if outside corporate a write RURAL and give nearest town)	c. LENGIN OF STAT IN ID	e. city ok town (if oursid	a corporate limits, write KUKA	Land give hearast toyn;
Takoma Park	One week	dosilver 5	pring	
d. NAME OF HOSPITAL OR INSTITUTION	(if not in hospital, giva straet address)	d. STREET ADDRESS	1 6	a. IS RESIDENCE
Washington San	itarium and Hospitai	9301 6	Cala St.	YES NO K
	rst Middle		ATE Month	Day Yaar
DECEASED (Type or print)	- Lymn T		EATH 70 -	6 10/1
5. SEX 6. COLOR OR RAG	2 (MMH) U	e Carlo	PEE	8 1961
	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (th yours IF UND	
female , white	WIDOWED DIVORCED	Descende 781/146	1/78/7grs.	
10a. USUAL OCCUPATION (Give kind of ward dona during most of working life, aven if ret	ork   10b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (County & Sta	ite, or foraign'country)   12.	CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Connecticut		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	mele		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Jackarosa
15. WAS DECEASED EVER IN U.S. ARMED FO (Yas, no, or unkown)   (Ifyasgivawarordates		T. Nicholas C. D	eCarlo Addrass	MD.
No		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ne Oak Drive.	Silver Spring.
18. CAUSE OF DEATH  Enter only o	ne causa per lina for (a), (b), and (c).]	44.7.4.4.4.7.4.4.4.4.4.4.4.4.4.4.4.4.4.	, ,	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	11 / 1	c +.	1. +.	ONSET AND DEATH
IMMEDIATE CAUSE	a) / lybcardial ).	njarclion, acm	le anierior	7/245
420.1 DUE T	0			
Conditions, if any, which	(b)			
gava rise to immadiata cause			CLEENING	
(a), stating the underlying DUET	0			
	(c)			
PART II. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED?
Į Ę				YES NO 1
208, ACCIDENT WAS UNDERLYING	206. DESCRIBE HOW INJURY OCCUR	ED. (Entar nature of injury in Part I or	Part II of itam 18.)	~ ~
PART II. OTHER SIGNIFICANT CON  208. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEAT  OF THE CONTRIBUTING CAUSE OF DEAT  OF THE CONTRIBUTING CAUSE OF DEAT	H			
Z 20c. TIME OF INJURY Month, Day,	Yaar   20d. INJURY OCCURRED   20e. Pl	LACE OF INJURY (Home, farm, : 20f.	. (City or town)	(County) (Stata)
20c. TIME OF INJURY Month, Day,		actory, straet, offica bldg., etc.)	(3)	(55.57)
₩ p.m. 19	at work at work			
21. I certify that (I) (this hos	pital) attended the deceased from	Aud. 15 196	1 to Dec. 8	196 , that (1) (we) last
	Tec. 8 1961 , and the	2		
22a. SIGN TURE	0 //	ATTENDING MED	CTACE	22b. DATE
(Xameral ())	redshault	M.D. PHYS. MED. DIRECTO	OR PHYS.	12 0 K
22c. PHYSICIAN'S	we construct,	22d. ADDRESS	1 . 11	1-/3/8/
DNAME (Type) 1 3.4	adchaul	suc/h.unici	F. RIVIN C	Har Coming Md
Maymond Die	E4-7/QW	וויייייייייייייייייייייייייייייייייייי	JOSEPH AND SE	The spring, that
23a. BURIAL, CREMATION, 23b. DATE THE		OK CKEMATORY 23da	LOCATION (City, town or co	ounty) (Stata)
BURIAL 12/12	/61 GATE OF HEAVE	EN CEMETERY MON	TGOMERY, MARYI	AND
24 FUNERAL DIRECTOR'S SIGNATURE S	HOL 8434 GEORGIA AVEI	25a. REC'D BY	REGISTRAR 256. REGISTRA	
	MC OTOT OBOROTA AVE	ADVI AND DATE DEC	13'61 Chich	ws S. Tiralla
The state of the s	NO SILVER SPRING. M	AKILAND		

The series is the first of the series of the The state of the s : 世紀 美国公司 法国际 经国际 A from the second of the second of Kaymond Bradsham - medines of the started TOTAL CONTROL OF THE PERSON OF BORTA ACTION OF SELECTION OF SE

bletely filled in by the funeral apers. Pages 1 and 2 should 72 hours after death. The law requires that the death certificate be executed within 24 hours after carbon A COSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be early. Page 4 may be retained by the hospital or attending physician.

OFUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please remove carbor be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with

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# MARYLAND STATE DEPARTMENT OF HEALTH

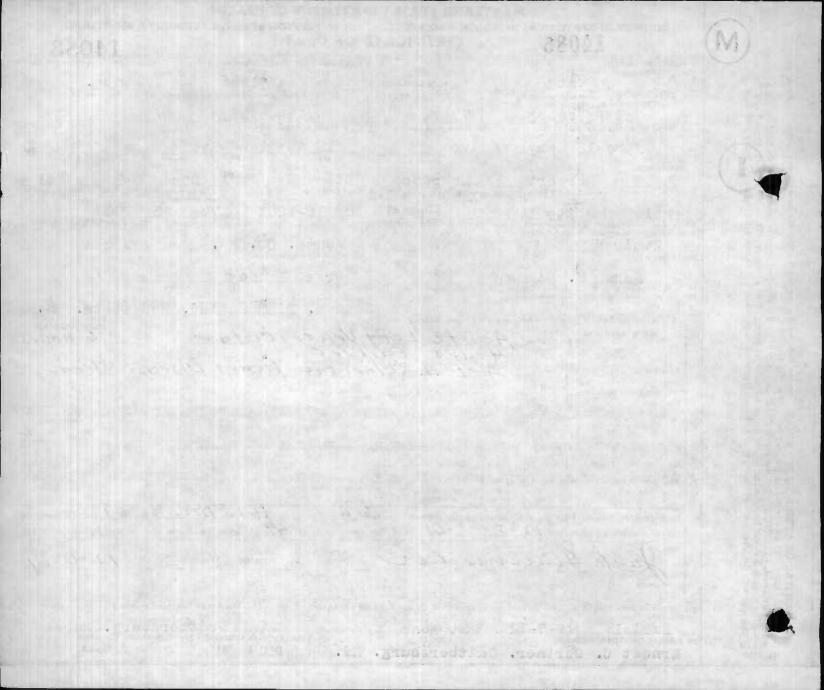
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

14085

CERTIFICATE OF DEATH

14053

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceesed lived, If Institution: Residence before edmission)
o. county  Montg  maryland	e. STATE Maryland b. COUNTY Montg.
b. CITY OR TOWN (if outside corporete limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
write RURAL and give neerest town)	
Gaithersburg 77, rs	d. STREET ADDRESS   0. IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	ON A FARM?
Mome 18 Maryland Ave	18 laryland Ave YES NO X
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer OF
(Type or print) Herbert Laurence	Diamond Death Dec 5th 1951
	DATE OF SIRTH 9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.
Male   White   WIDOWED   DIVORCED	Aug 15-1884 77 yrs. 3 20 Hours Min.
10e. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	Y   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	35 cm l m
Retired  13. FATHER'S NAME	Montg. Co. Md. I USA
13. FATREX 3 NAME	14. MOTHER 3 MAIDEN NAME
John B. Diamond	Grace Ranney
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. I (Yes, no, or unknown)   (Ifyesgivewerordetesofservice)	INFORMANT Address
	John B. Dismond 3rd. Rockville. Md.
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	INTERVAL SETWEEN
PART I. DEATH WAS CAUSED BY: Acute Left	+ Ventricular Chours
11000	1.146
42010 DUETO HEAVT FAI	evotic Heart Disease Year
Conditions, if eny, which gever ise to immediate cause (b)	PUTIC ITEAU DISEASE FEAU
(e), steting the underlying DUE TO	
ceuse lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO.  200. ACCIDENT WAS UNDERLYING  CONCONTRIBUTING CAUSE OF DEATH OF CHITHER, NOTIFY MEDICAL EXAMINER)  200. ACCIDENT WAS UNDERLYING  CONTRIBUTING CAUSE OF DEATH OF CHITHER CONTRIBUTING CAUSE OF DEATH OF CHITHER CONTRIBUTING CAUSE OF DEATH	YES NO Z
20e. ACCIDENT WAS UNDERLYING     20b. DESCRISE HOW INJURY OCCURED	). (Enter neture of injury in Pert I or Pert II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH	
	ACE OF INJURY (Home, ferm, † 20f. (City or town) (County) (State)
	tory, street, office bldg., etc.)
21.   certify that (I) (this hospital) attended the deceased from:	10 in , 1961 to Dec. 5 , 161, that (1) (we) last
	death occured at
22a. SIGNATURE	22b. DATE
	A.D. PHYS. ATTENDING MED. STAFF PHYS. [] 12-6-61
220/ PHYSICIAN'S	22d. ADDRESS
NAME (Type)	
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d, LOCATION (City, town or county) (State)
burial 12-7-01 St Rose	Gaithersburg, Rural
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D 8Y REGISTRAR 25b. REGISTRAR'S SIGNATURE
Ernest C. Gartner. Gaithersburg.	Md. DATE DEC 7 '61 Custher S. Kroun



VR A15 (4) 15M 7/61

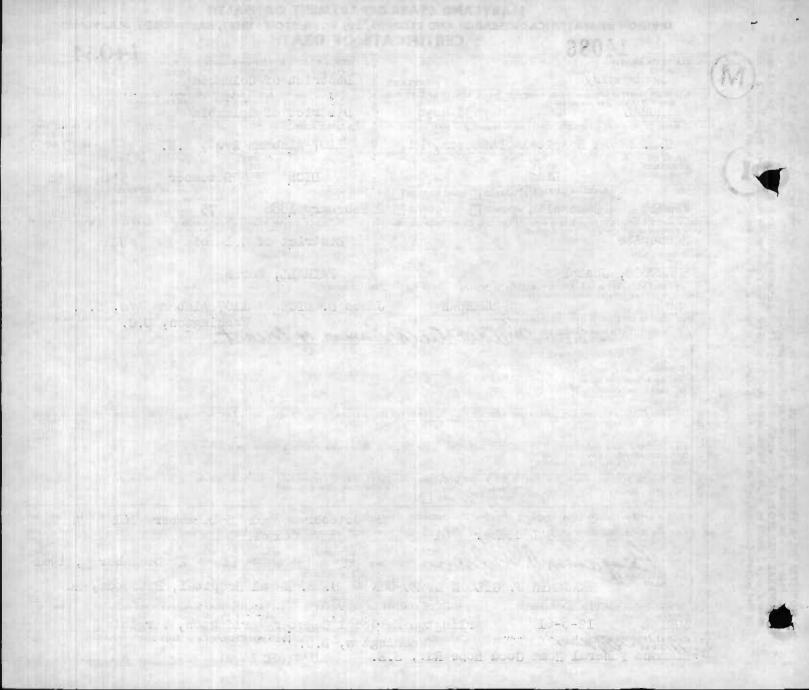
# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1/09C

CERTIFICATE OF DEATH

14000				1415	1
1. PLACE OF DEATH  e. COUNTY			CE (Where deceased lived, If I	nstitution: Residence b	efore admission)
Montgomery	MARYLAND	District	of Columbia	IA	V
b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporate limits, write	RURAL end give neer	rest lown)
RURAL	35 days	District	of Columbia	47X	.3
d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	oitel, give street eddress)	d. STREET ADDRESS		0	ON A FARM?
U.S. Naval Hospital Bet	,	1107 Ala	bama Ave., S.E	. Y	YES NO
3. NAME OF First DECEASED (Type or print) Tida	Middle	Last	4. DATE Month OF DEATHDecember		Year
111.000	May	DICE DATE OF BIRTH	9. AGE (In yeers )		19 61 UNDER 24 HRS.
5. SEX 6. COLOR OR RACE 7. MARRIED Female Caucasian WIDOWED		February 18	last birthday)	market in the second se	lours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIN	ND OF BUSINESS OR INDUSTR			12. CITIZEN OF W	VHAT COUNTRY?
done during most of working life, even if retired) Housewife			of Columbia	USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
SHERWOOD, Joseph		FAIRALL	, Sarah		
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. S (Yes, no, or unkown)   (Ifyesgive werer detes of service)	SOCIAL SECURITY NO. 17. I	NFORMANT	Address		
7.70		ames D. DICE	1107 Alaba	ma Ave, S.	E.
Conditions, if any, which geve rise to immediate cause (a), stating the underlying cause last.  (b)  DUE TO  (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONT	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	EN IN PART I(e) 19. YES	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTO	CRIBE HOW INJURY OCCURED.	(Enter neture of injury in I	Pert I or Pert II of item 1B.)		1 110
Hour e.m. While		CE OF INJURY (Home, ferm pry, street, office bldg., etc.		(County)	(Stete)
21. I certify that (this hospital) attend saw the deceased alive on5December					stated above.
220. SIGNATORE DESIGNATION OF SU	lson M.		AED. STAFF	December 5	22b. DATE SIGNED, 5, 1961
PHYSICIAN'S BENJAMIN J. GI	LISON LT MC USI	U. S. Na	aval Hospital,	Bethesda,	Md.
23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) BURIAL 12-8-61 .	23c. NAME OF CEMETERY C		23d. LOCATION (City, tow		(Stete)
24 Theral Director 3 Shaturs Simmons Funeral Home Good	ADDRESS Washing	ton, D. 25a. REC	D BY REGISTRAR 256. REG		



MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH 1. PLACE OF DEATH At any delay is necessary, the funeral director. Page retained for your files. The State Board of Health, the death. a. COUNTY Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Olnev d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) Montgomery General Hospital 3. NAME OF Middle DECEASED the (Type or print) William affer d 2 with S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED may 2 with ould be executed within 24 hours after de "in pencil in them 18. Give Pages 1, 2, and Office along with form PM3. Page 5 may burial-transit permit. File pages 1 and 2 w Male Col WIDOWED [ DIVORCED 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 13. FATHER'S NAME Garfield Dorsey (Yes, no, or unkown) | (If yes give war or dates of service) 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] . = PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (a) removal, DUE TO "pending" gave rise to immediate cause ease execute the certificate, writing the word "pending's should be forwarded to the Chief Medical Examiner's FUNERAL DIRECTOR: Page 3 should be used as a its designated agent, prior to burial, cremation, or rer DUE TO (a), stating the underlying cause lest. CERTIFICATION rumone 20e. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED While Not While at work at work Suicide [ death resulted from: Natural causes X Accident ACTUAL SIGNATURE DEPUTY **EXAMINER'S** NAME (Type) 228. BURIAL, CREMATION, REMOVAL ISBORITY) 01 VS. A15ME

AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. STATE b. COUNTY Maryland Monta. c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) Silver Spring (Rural) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? rear of 14615 Good Hope Rd. YES NO X Last DATE Month Dey Year OF 12 8 1961 Dorsey DEATH B. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Hours 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA 14. MOTHER'S MAIDEN NAME Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address INTERVAL BETWEEN ONSET AND DEATH PARA II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO X a un 20b. DISCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of from 18.) 2De. PLACE OF INJURY (Home, ferm, ! 2Df. (Cily or lown) (County) (Slate) factory, street, office bldg., etc.) 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection Inquiry and in my opinion Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER K 12/8/61 Address (Street, city, lown, or county) Broschart Addi 22d. LOCATION (City, town, or country) Arlington National., Arlington, Va. 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Rockville, Md. Cereina S. Thous DATEC 1 4 '61

5M 7/59

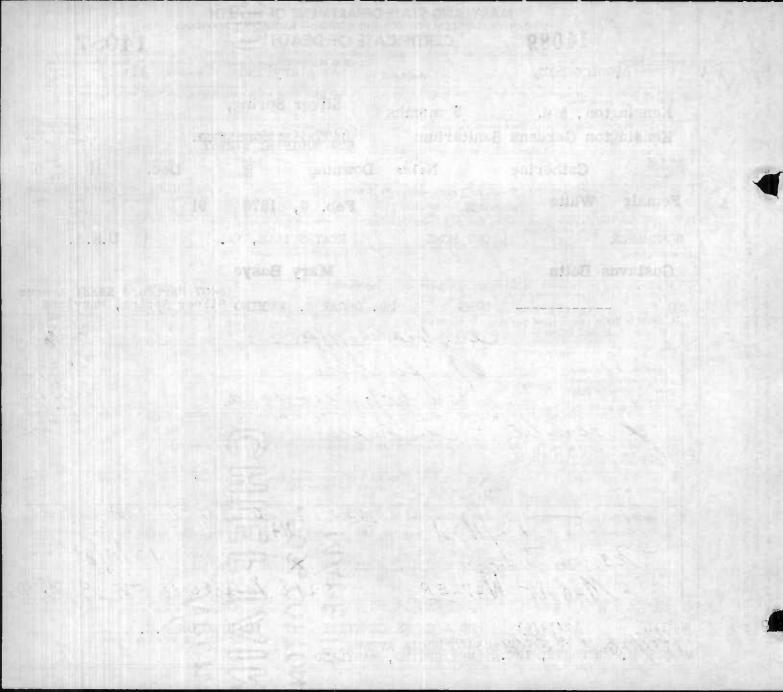
. PERSON (List) Philips to Nis - Wollo warned blaife at MALL T. BEOLEGET . al contain a committee of the contains and the contains and the contains a M. ofliver Sookille, M.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATLE

14057

1. PLACE OF DEATH ONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. COUNTY INTONEGOMERY MARYLAND	o. STATE Maryland b. county Montgo nary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Kensington, Md.  c. LENGTH OF STAY IN 1b  RURAL ond give nearest town)  9 months	c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Silver Spring,
d. NAME OF HOSPITAL (If not in hospital, give street address)  Kensington Gardens Sanitarium	d. STREET ADDRESS  8.497 X H X R GOYCO X A V PC  ON A FARMAY YES NO
3. NAME OF DECEASED (Type or print) Catherine Nelms	Downing of Dec. 11 Year 61
S. SEX Female   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   WIDOWED X DIVORCED	Feb. 6, 1870  9. AGE (In years lost birthdoy) yrs.    Funder 1 YEAR   Funder 24 Hrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  HOMEMAKER  10b. KIND OF BUSINESS OR INDUS  OWN HOME	HEATHSVILLE, VA. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Gustavus Betts	Mary Basye
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes, no, or unknown) (If yes, give war or dales of service) NONE MR	Stormant  8407 Hartford KNXXX Avenue OSCAR B. DOWNING Silver Spring, Maryland
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chelocoft	insufficiency ONSET AND DEATH
Conditions, if ony, which)  DUE TO  (b)  All	Pin 3xay
gove rise to immediate cause (a), stating the under. lying couse lost.	sumonia 6days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES \( \text{NO} \) NO
	D. (Enter noture of injury in Port I or Port II of item 18.)
	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) 20f. (City or town) (County) (Stote)
21. I certify that (I) (this hospital) attended the deceased from.	
saw the deceased alive an 19,1, and that d	death accurred at M. fram the causes and an the date stated abave.
many waladin	M.D. PHYS. MED. STAFF PHYS.
22c. PHYSICIAN'S NAME (Type) MARY WA'P'ER	8218 Wiscornin AV Better
23a. BURIAL, CREMATION, REMOVAL (Specify)  BUR LAL  23b. DATE THEREOF  ROCK CREEK CE	R CREMATORY 23d. LOCATION (City, town, or county) (State)  METERY WASHINGTON D.C.
24. FINER DIEGIOTS SENATURE ZISKI 8434 APRESENCIA AVE WARNER E. PUMPHREY, INC. SILVER SPRING, M	NITE. 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE



VR A15 (4)

	9		
**SOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and	papers. Pages 1 and 2 should	be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any event, with 7P hours after death.
pe	P	rbo	W
certificate I	physician an	remove can	any event,
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the	aften	hen F	val, at
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TENI	OR	pe de	ept,
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ORO	DIR	3 sho	e St
JOSPITAL OR ATTENDING PHYSICIAN: The law requires that	FUNERAL	ctor, page	filed with th
	b	dire	be

15M 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14058

	- 1/1111							VVV
1. PLACE OF DE	ATH ITUSU			2. USUAL RESIDE	NCE (Whare d			nca bafora admission)
Montgomery Maryland			a. STATE	rland	b. COUNT	2.0	ome wir	
b. CITY OR TOWN (if outside corporate limits.   c. LENGTH OF STAY IN 1b			Maryland Mongomery  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)					
writa RURAI	L and giva nearast town)				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Rt#1 Cai	thersburg, Md			Routel	# Gaith	ersburg,	Md	
d. NAME OF HO	OSPITAL OR INSTITUTION (if no	t In hospital,	, give street address)	d. STREET ADDRES	5	0,		e. IS RESIDENCE ON A FARM?
								YES NO
3. NAME OF	First		Middle	Last	4. DATE	Month	Day	
DECEASED	. 1131		Middle	6031	OF		Day	Logi
(Type or print)	Mario	n	Frances	Duva 11	DEATH	Degen	nher 5.	19 67
5. SEX	6. COLOR OR RACE 7.	MARRIED TO	NEVER MARRIED   B	. DATE OF BIRTH	15	, AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
m		_					Months Days	Hours Min.
Female	, , , , ,	IDOWED	DIVORCED	May 28, 19	34	27 yrs.		
done during most of	JPATION (Giva kind of work of working life, evan if retired)	10b. KIND	OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Co	unty & State, or	foreign country)	12. CITIZEN	OF WHAT COUNTRY?
				Dannal			TT C	A .
13. FATHER'S NAM	sewife			Pennsly  14. MOTHER'S MAIDE			U.S	•A•
				14. MOTHER S MAIDE	14 140mE			
	Henry Moore			Harrie	tt Stewa	art		
15. WAS DECEASE	Henry Moore D EVER IN U.S. ARMED FORCEST	?   16. 500	IAL SECURITY NO.   17. I	NFORMANT	00_000	Address		
(Yas, no, or unkown	n) (If yas give war or datas of sarvio	ce)						
		,						
1B. CAUSE C	OF DEATH [Enter only one caus	sa par line f	or (a), (b), and (c).]		0.		IN	TERVAL BETWEEN
PART I. C	EATH WAS CAUSED BY:	CONV	Eino w	1 0+	Kish	+ 100	144	NSET AND DEATH
1500	IMMEDIATE CAUSE (a)	- 2/1	00-7	//	0		1	
1.15	Q DUE TO							
Conditions, if	any, which ) (b)							
gava rise to im	madiate causa							
(a), stating th	na underlying DUE TO							
causa last.	) (c)							
Z PART II. C	THER SIGNIFICANT CONDITION	45 CONTRIB	UTING TO DEATH BUT NO	T RELATED TO THE TERM	AINAL DISEASE	CONDITION GIVE	N IN PART 1(a)	
Ĕ				1				PERFORMED?
PART II. CO				(6		40.		YES NO
OR CONTRIBUT	T WAS UNDERLYING [ 20	b. DESCRIB	E HOW INJURY OCCURED	. (Enter natura of injury i	n Part I or Part I	I of item 18.)		
UF EITHER, NO	TIFY MEDICAL EXAMINER)							
ZOc. TIME OF	INJURY Month, Day, Year	1 20d INIU	RY OCCURRED   20e, PLA	CE OF INJURY (Home, fa	rm 1 20f (Cit	y or town)	(County)	(Stata)
20c. TIME OF Hour a		White		ory, street, office bldg., a		y 01 10 w 11)	(County)	(31010)
WE D	.m. 19	at work	at work		1			
of A south	11-1 (I) (11: 1:1-I)		the deer and form	HUGUST	19. C. / to	Dec 5	10//	that (I) (we) last
21. 1 certif	y that (I) (this hospital)							
saw the de-	ceased alive on.	~\	19, and that	death occured at	A.A.M, from	n the causes a	and on the d	late stated above
22a. SJGNATU	JRE O	4.			/		3.0	22b. DATE
Cuciona + Cono			ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.					
		m.v						
22c. PHYSICIA		- 1	Ledi	22d. ADDRESS				
	2001144	0 /,	-000					
23a. BURIAL, CRE/	MATION   236. DATE THEREOF	23	c. NAME OF CEMETERY	OR CREMATORY	1234 100	ATION (City, tow	n or county)	(State)
REMBYAL 18	wiful / - /							(5,5,5)
Dur 18.	12/10/61		Brooke Grove	,	Lay	tonsvill	Le, Md.	
24 FUNERAL DIRE	CTOR'S SIGNATURE	7	Rock 11e. M	25a. R	EC'D BY REGIS	TRAR 25b. REG	ISTRAR'S SIGNA	ATURE
Mal. H	L. Sugardo	211	TOCKATITO' M					
" Cocci	011(000)000			DATE	DEC 11	61 0	Thun & K	AHA
					To Secure Section			

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1	MARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18
	14091 CERTIFICATE	OF DEATH  Reg. Dist. No.4 4059
1	1. PLACE OF DEATH O. COUNTY  NONTGOMERY  MARYLAND  2. US  O.	STATE  MARYLAND  b. COUNTY  Monloomery
	b. CITY OR TOWN (If outside corporate limits, write) c. LENGTH OF STAY IN 1b c. RURAL, and give nearest town)  AROMA FARK.  3 DA45	CITY OR TOWN (If dutside corporate limits, write RURAL and give nearest town)  TAKOMA PARK,
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION WASH - SANT. HOSP.	SOLI CARROLL ST G. IS RESIDENCE ON A FARM? YES NOW
3	3. NAME OF First Middle  (Type or print) FLORENCE C ELL	Lost 4. DATE Month Day Year OF DEATH / DEATH 1 186/
L	Female While WIDOWED DIVORCED De	E OF BIRTH  2. 3, 1889  9. AGE (In years lost birthdoyt yrs.   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min.
	10ò. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  A (	1. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY?
	Michael Sexton	MOTHER'S MAIDEN NAME  MCCABE
15	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORM  (If yes, give wor or dates of service)  379 -26 -216	Bay Elliott 9707 HERIN DR
	INVINEDIATE CAUSE (0),74	ory throsuboses Interval Between ONSET AND DEATH 60 ALL
	Conditions, if any, which gove rise to immediate DUE TO	cordensis 10 years
20	lying couse lost. (c)	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PECATIC	ICATIC	PERFORMED? YES NO 3
MEDIC		INJURY (Home, form., 20f. (City or town) (County) (State) treet, office bldg., etc.)
	21. I certify that I attended the deceased fram deceased fram alive and 3 4 0 0 100 100 100 100 100 100 100 100 1	1957, to 5 1967, that I last saw the deceased arred at 6 3 P. M., fram the causes and an the date stated above.
	ACTUAL SIGNATURE ABLUEUM M.D.	ADDRESS (Street, city or town, stote)  7/12 Willow Ace 25 Use/96/
	PHYSICIAN'S M. B. Queen M.D	Takous & Pock Hel
L	220 BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREM	I Suitland med
23	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WE Taltance 360314 MD	DATE DEC 2 7 '61 Chilling S. Kraus

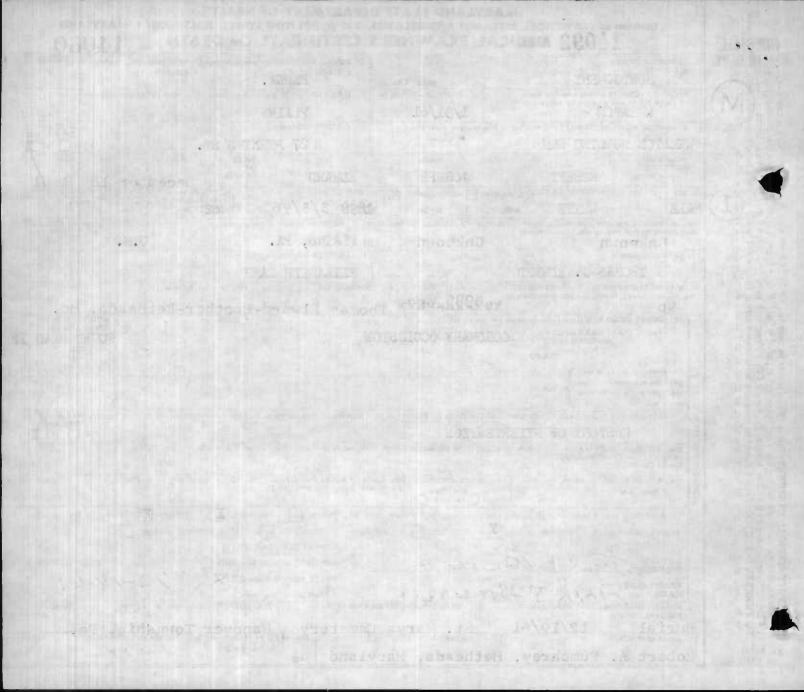
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		U. 15 A.M.	
principal de la companya del companya del companya de la companya del companya de la companya de la companya del companya de la companya del companya de la companya de la companya de la companya de la	or Martin Sea bereau		

# FOR STATE HEACTH DEPT. EPULY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death "any delay is necessary, gase execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be/retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

# MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

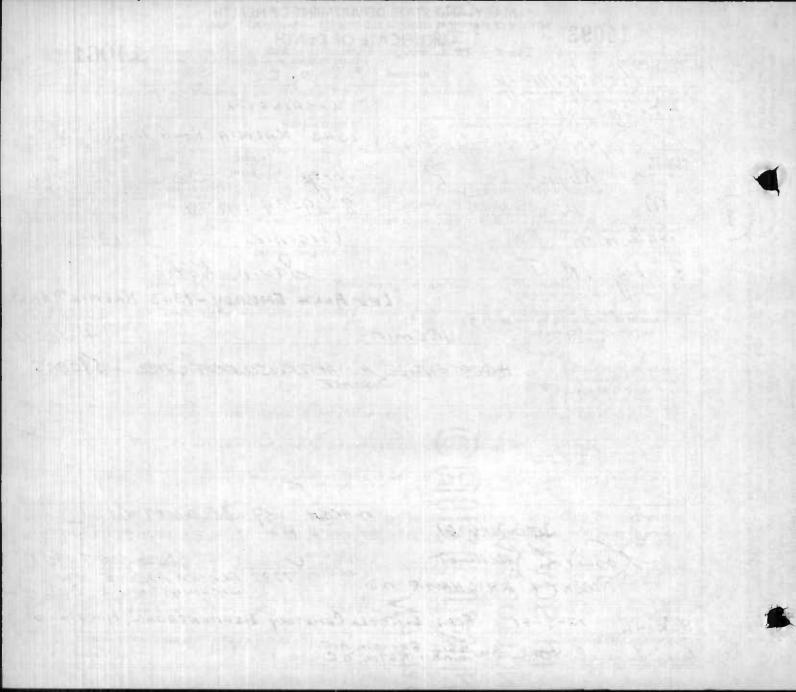
	7000					7.400	U	
1. PLACE OF DEAT			2. USUAL RESIDER		b. COUNTY	lon: Residence befor	e edmission)	
	MONTGOMERY MARYLAND		PENNA.					
b. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town)								
WHEAT		1/31/61	PLA		73	X - 3		
d. NAME OF HOSP	ITAL OR INSTITUTION (if not in	hospital, give street address)	d. STREET ADDRESS				RESIDENCE N A FARM?	
WHEATON NU	RSING HOME		27 1	PERKINS S	5T.	YES	□ NO X	
3. NAME OF DECEASED (Type or print)	ROBERT	JOSEPH	ELWARD	4. DATE OF DEATH	Month		9 61	
5. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED B	. DATE OF BIRTH		AGE (In years   IF UN	DER TYEAR IF UND	DER 24 HRS.	
MALE	WHITE   WIDO	OWED DIVORCED 3	<b>3/5/9</b>		18 birthdey) Mont	ths Deys Hours	Mîn.	
	TION (Give kind of work orking life, even if retired)	b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State	e or foreign count	ry)   12	2. CITIZEN OF WHA	T COUNTRY	
Unknoy		Unknown	PLAINS, PA	A.	Ţ	J.S.		
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
THOM	AS J. ELWARD		ELIZABETH	LAMB				
Conditions, if an gave rise to Immed (a), stating the cause lest.	DUE TO (b) diele couse underlying  R SIGNIFICANT CONDITIONS OSTORY OF HYPER AUSE WAS  DUE TO (c) (c) (c)	ORONARY OCCLUSIO	OT RELATED TO THE TERM	IINAL DISEASE CC	ONDITION GIVEN IN	PART 1(e) 19. WA	BETWEEN ID DEATH	
20c. TIME OF INJU Hour a.m. p.m.	URY Month, Day, Year 2	While Not While feet work at work	ACE OF INJURY (Home, faillory, street, office bldg., et	(c.)	N. P.	(County)	(State)	
21. I certify t		remains described above, he Accident, Suice			Inquiry X		opinion	
ACTUAL SIGNATURE	rand J. B	roschart		DICAL EXAMINER		DATE S		
EXAMINER'S NAME (Type)	FAXAK J. F.	Broschzat	Address (Street,	, city, town, or co		2-18-6	1	
22a. BURIAL, CREMATION REMOVAL (Specify	y)	22c. NAME OF CEMETERY OF		22d. LOCATIO	N (City, town, or co	suntry) (!	Stete)	
Burial 23. FUNERAL DIRECTO	12/19/61	St. Marys	Cemetery 240. R	Hanove	Towns	hip Pa		
Robert A	. Pumphrey,	Bethesda, Mary	yland DATE	20 2 1 01	Civihu	of S. Mana		



VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 14093

Ttom Q Film GSOS	IJE OF DEATH	4004
1. PLACE OF DEATH O. COUNTY MONTH ON THE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Reside o. STATE D. C.,	ence perore of mission)
b. CITY OR TOWN (If outside corporate limits, fighter c. LENGTH OF STAY IN 16 RURAL and give nearest tolyh)	c. CITY OR TOWN (If, outside corporate limits, write RURAL and	I give nearest town) 4/1 X - 3
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Densing for Gerdens dan krium	1343 KALMIA ROAD N.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)  RU-KUS  First  Middle  P.	Embreu 4. DATE Month OF DEATH DEC	Day Yeor
5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH  9. AGE (In years last birthdoy)  8-29-84  77  77  77  77  77  77  77  77  77	ER I YEAR IF UNDER 24 HRS Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CI	ITIZEN OF WHAT COUNTRY
13. FATHER'S NAME EMBREL R J.	14. MOTHER MAIDEN NAME	
West and the second sec	NFORMANT Address EE ANNA EMBREY - 1343 K	LALMIA RON
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove rise to immediate couse (o), stating the under-lying couse lost.  (c)	AND ARTERIUSCLERUTIC VASCUL USEASE	4 WEEK
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	ART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port 1 or Port II of item 18.)	
	LACE OF INJURY (Home, form, 20f. (City or town) actory, street, office bldg., etc.)	(County) (State
21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an DECOMBER (2) 1961, and that a		
220. SIGNATURE Ober L. Krichmat	M.D. ATTENDING MED. STAFF PHYS. DETON	BER 7 1961
NAME (Type) ROBERT L. KRICHMAR M	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	12 D.C
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C REMOVAL (Specify) 12-9-61 FORT LINE	OLN CEMETERY BLADENSBURG.	, MARY IAND
	GIA AVE 250. REC'D BY REGISTRAR 25b. REGISTRAR'S	S. Kraus



# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	14	4094		CERTIFICA	E OF DE	AIH		1	406	2
1.	PLACE OF DEATH					IDENCE (Where	deceesad lived, If in:		dence before	edmission)
	Montgomery MARYLAND			* STATE Maryland b. COUNTY Me				ontgomery		
	b. CITY OR TOWN (if	outsida corporate limi give neerest town)	rs,	c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)				wn)		
		ville			10 1	Rockvil	le			
	d. NAME OF HOSPITA	AL OR INSTITUTION	f not in hospi	tel, give street address)	d. STREET AD	DRESS				RESIDENCE A FARM?
	409	West Mon	tgome	rv Avenue	409	West M	ontgomer	v Ave		NO X
3.	NAME OF DECEASED	First	-6-	Middle	Lest	4. DAT		M	Dey Yes	er .
	(Type or print)	Char	les	Edward	Englar	7 55771	Dec.		10 19	61
5.	SEX	6. COLOR OR RACE	7. MARRIED		B. DATE OF BIRTH		9. AGE (In yeers   II			R 24 HRS.
M	ale	White	WIDOWED	DIVORCED	May 16.	, 1869	92 yrs.	Mogths 2	4 Hours	Min.
	e. USUAL OCCUPATION one during most of wor.			D OF BUSINESS OR INDUST	RY 11. BIRTHPLACE	(County & State,	or foreign country)	12. CITIZE	N OF WHAT	COUNTRY?
	armer & N			Retired	Mar	ryland		USA	A	
13	FATHER'S NAME				14. MOTHER'S M	AIDEN NAME			TOWN	
	John W.	England			Mary	E. Her	ndry			
	WAS DECEASED EVE			OCIAL SECURITY NO. 17.	INFORMANT		Address			12 6
	Vo	700 g110 Wall of G0103 013		None (	hurchill	E. War	rd-same 2	2d		
		EATH [Enter only one	ceuse per line	e for (a), (b), and (c).]	ncn				INTERVAL BE	
		MAS CAUSED BY: MMEDIATE CAUSE (e)	my	rardial fo	achure				2-men	
	477	+ ) de loue to								
	Conditions, if eny, which (b) Carterioselerotic cardiovascular desease					Zylars				
geve rise to Immadiate cause (a), stating the underlying DUE TO										
	ceuse lest.	(c)	Des	ullely.	1 age 9	'2)				
NO	PART II. OTHER	SIGNIFICANT CONDI	TIONS CONT	RIBUTING TO DEATH BUT N	OT RELATED TO THE	TERMINAL DISEA	SE CONDITION GIVEN	IN PART 1(e	e) 19. WAS	AUTOPSY ORMED?
CATI		nos	e						YES 🗌	NO I
CERTIFICATION	20e. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH	2Db. DESC	RIBE HOW INJURY OCCURE	D. (Entar nature of in	ury in Pert I or Pa	rt II of item 1B.)			
		MEDICAL EXAMINER								
MEDICAL	20c. TIME OF INJUR	RY Month, Dey, Yes			ACE OF INJURY (Non	ne, farm, 2Df. (	City or town)	(County	)	(Stete)
MED	Hour a.m.	19	While at work	Not While 18	ciory, sirver, orner bre	19., 010.)				
	21. I certify th	at (I) (this hospit	al) attende	ed the deceased from	1955	, 19	2 de -1	0, 196	, that (I)	(ve) last
				- 196/ , and the		631 R/K	om the causes a			
	228. SIGNATURE	9-01	" ' 200		ATTENDING	· 44ED	CTAFF		22	b. DATE
	1/-	T. Jin	there	un)		DIRECTOR	PHYS.		12/1	SIGNED
	22c. PHYSICIAN'S NAME (Type)	1 1 1	41		22d. ADDRES	5 3/	1	A 7	1.	20 20
	MAME (1)	N= H-613	זוחער	CUM	110.	s-men	raylon -	1- N/	there	G MA
23	e. BURIAL, CREMATIC REMOVAL (Specify)	ON, 236. DATE THE	EOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LC	OCATION (City, lown	or county)	(5	Stata)
I	Burial	12/13/	61	Rockville	Cemetery	Re	ckville.	Mary	vland	
-	FUNERAL DIRECTOR		-	ADDRESS	25	Sa. REC'D BY REC	GISTRAR 256. REGI	STRAR'S SIG	NATURE	
Ł	Robert A.	Pumphre	y Be	ethesda. Ma	ryland	ATE DEC	1 3 '61	arthur	S. Kring	1

Bethesda, Maryland DATE

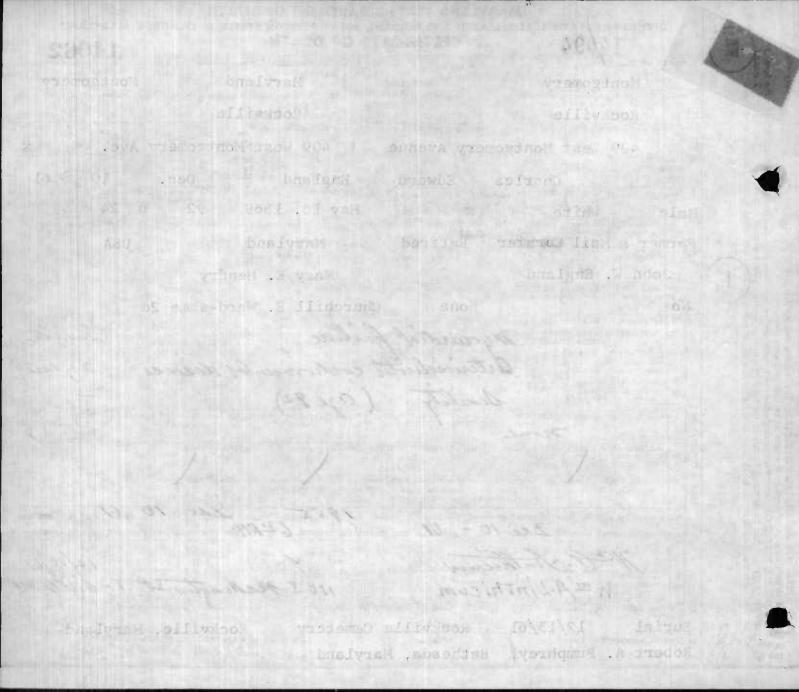
arthur S. Krans

72 hours after dea etely filled in by bers. Pages 1 and LACURERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please nemove carbo be filed with the State Dept. of Health prior to burial, cremation, or removal, and event, wi Then please remove car TC VR A15 (4) 15M 9/60

HOSPITAL OR AITENDING PHYSICIAN: The law requires that the death certificate be

executed within 24

Robert A. Pumphrey



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 PRESTON STREET, BALTIMORE 1, MARYLAND **FOR STATE** . PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY a. STATE MARYLAND b. CITY OR TOWN (if outside corporate lim write RURA) end gife heerest lown) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neglest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET e. IS RESIDENCE YES NO Month DECEASED OF (Type or print) DEATH 5. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | last birthdey) Months Days WIDOWED [ DIVORCED YES. 10a USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) 21.00 13. FATHER'S NAME 14. MOTHER'S A CEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT or unkown) | (If yes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ong QNSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) Office 10 DUE TO (a), stelling the underlying cause lest. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 1 19. WAS AUTOPSY CERTIFICATION PERFORMED? 8 writing the word Medical plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury In Part I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief age 3 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm. ) 20f. (Cily or town) 956 (County) factory, street, office bldg., etc.) Whila Not While Hour a.m. to the prior et work et work se execute the certificate, 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 😾 Inquiry V and in my opinion forwarded t death resulted from: Accident Suicide Undetermined manner Natural causes Homicide CHIEF MEDICAL EXAMINER ACTUAL should be for ASSISTANT MEDICAL EXAMINER DATE SIGNED designate SIGNATURE EPUTY Address (Street, city, town, or county) 220. BURIAL, CREMATION 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Round Oak .. Spencerville, Md. 0 ROCKVille, Mi. 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. AISME! DATEC 1 4 '61 City & Kraus

ON A FARM?

1961

NO V

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(Slate)

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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the Page 4 may be retained by the hospital or attending physician.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cletch filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbo papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any exemt, within 72 hours after death.

5.

10a. don

13.

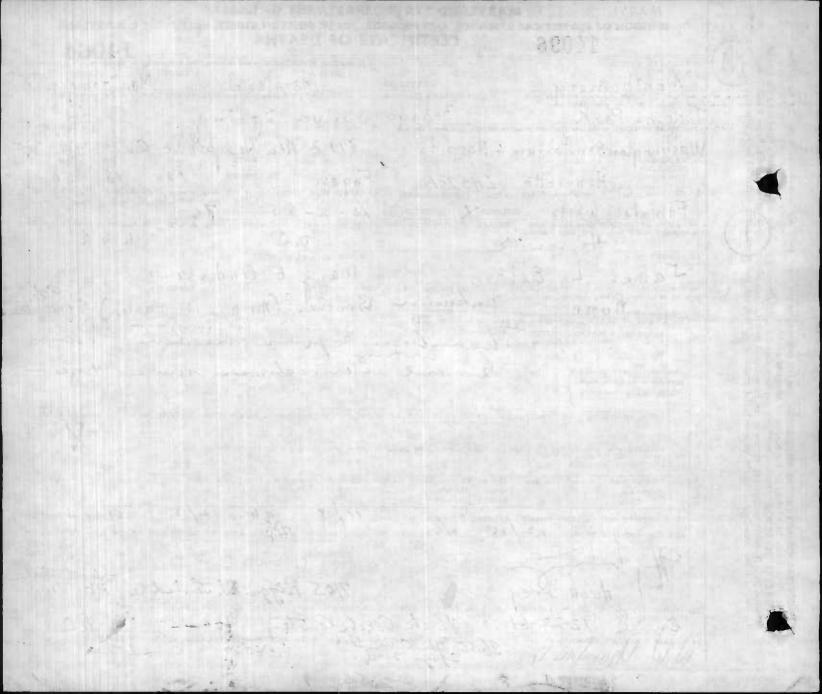
15. (Yes

MEDICAL CERTIFICATION

23a

MARYLAND STATE DEPARTMENT OF HEALTH						
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND						
14096 CERTIFICATE OF DEATH						
LACE OF DEATH  COUNTY  MARYLAND  CITY OR TOWN (if outside corporable limits, c. LENGTH OF STAY IN 1b  C. CITY OR TOWN (if outside corporable limits, write RURAL and give nearest lown)  2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence before admission)  a. STATE  A 74 E 76  c. CITY OR TOWN (if outside corporable limits, write RURAL and give nearest lown)						
write RURAL and give nearest town)  Koma Park NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  d. STREET ADDRESS  a. IS RESIDENCE ON A FARMY						
Ashington Sanitarium + Hospital 8/12 New Nampshire Que YES Notes						
Female White Widowed Divorced 10-2-85 DEATH 12-18 196/						
USUAL OCCUPATION (Give kind of work of work of work of working life, even if refired)  Outside during most of working life, even if refired)  Outside Sewi						
Janes L. Easton Mary E anderson.  Was deceased ever in u.s. armed forces? 16. Social security No. 17. Informant Address Tone, or unknown) ((Ifyes give war or deles of service) unknown Brother. (Mr. In u. H. Easton) Same						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]  PART I. DEATH WAS CAUSED BY,  IMMEDIATE CAUSE (e)  DUE TO  Conditions, if eny, which  (b)  Conditions, if eny, which						
geve rise to immediate cause (e), stating the underlying cause last.  DUE TO (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(6) 19. WAS AUTOPSY YES NO						
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH   IF EITHER, NOTIFY MEDICAL EXAMINER)						
20c. TIME OF INJURY Month, Day, Year Hour e.m.  p.m. 19   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   4						
21. I certify that (I) (this hespital) attended the deceased from						
222 SIGNATURE ATTENDING MED. STAFF SIGNED  M.D. PHYS. DIRECTOR PHYS.   22b. DATE SIGNED						
22c. AHYSIQIAN'S NAME (Type) Hugh Drey 22d. ADDRESS 7/05 Riggs Rel Terrisolale P.O. med						
BURIAL, CREMATION, 23b. DATE THEREO 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)  Special 12-22-61 Rock Creek Cometery Wash  D.C.						
EUNERAL DIRECTOR'S SIGNATURE SIGNATURE 250. REGISTRAR'S SIGNATURE DATE DEC 27'61 Outhur 8. Known						

VR A15 (4) 15M 7/61



*HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after		UNERAL DIRECTOR: After this certificate has been signed by the attending physician and content filled in by the funeral	Plho	
SULS		ne fu	2 sh	h.
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ath		ng p	ease	u P
e de		tendi	ld ne	. an
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equir	shysi	ned	sif pe	on.
AW F	ing	n sig	-fran	mati
The	Hend	s bee	urial	I. cre
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) INC	ed b	Affe	tach	of He
EN	etain	OR:	se de	ept.
AT	be r	ECT	PI	de D
OR	may	DIR	sho (	e Sta
LAL	10 4	AL	age .	th th
SPI	n. Page 4 may be retained by the hospital or attending physician,	NER	or, pe	be filed with the State Dept. of Health prior to burial cremation or removal and in any expent within 72 hours after death.
0	5	UK	recto	a file
C			ō	۵

VR A15 (4) 15M 9/60

-11

CERTIFICATION

23e. Bu 24

	DIVISION OF STATISTICA	The state of the s	, 201 W. PRESTON	HEALTH STREET, BALTIMORE	1, MARYI	AND
	17,007	CERTIFICAT	E OF DEATH		111	165
1.	PLACE OF DEATH  . COUNTY  Montgomery	MARYLAND	2. USUAL RESIDENCE ************************************		ution: Residence	before edmission)
	b. CITY OR TOWN (if outside corporete limit write RURAL end give neerest town)	ts, c. LENGTH OF STAY IN 16		outside corporete limits, write RU	RAL end give no	erest town)
_	Bethesda d. NAME OF HOSPITAL OR INSTITUTION (i	57 Days	Tunis d. STREET ADDRESS		15 X - 1	IS RESIDENCE
3.	the Clinical Center, NAME OF POSTURE OF RISE DECEASED		No Street	Address Month	Day	ON A FARM? YES NO Year
	(Type or print) Ibrahim		Fanon	December December	6,	19 61
5.	SEX 6. COLOR OR RACE Male Negro	7. MARKED L	July 20, 1925	9. AGE (In yeers IF L lest birthdey) 36 yrs.	onths Deys	Hours Min.
10e	<ul> <li>USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired Physician</li> </ul>	106. KIND OF BUSINESS OF INDUSTRY		& State, or foreign country)	12. CITIZEN OF	WHAT COUNTRY?
13.	FATHER'S NAME	Medicar	14. MOTHER'S MAIDEN NA			
	• . · · · · · · · · · · · · · · · · · ·	asimir Fanon	Eleanora I	Medlice		
(Ye	WAS DECEASED EVER IN 5. A AED FOR s, no, or unkown) (Ifyes give war or dates of se NO  18. CAUSE OF DEATH [Enter only one PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e).  Conditions, if eny, which geve rise to immediate ceuse DUE TO	None The couse per line for (e), (b), end (c).]  Bronchopneumonia	e Clinical Cer with Pulmonar ral Effusion,	edical Records nter, Bethesda ry Congestion Bilateral.	INTE	vland RVAL BETWEEN ET AND DEATH 2 days 10 Weeks
CERTIFICATION	cause lest. (c)	TIONS CONTRIBUTING TO DEATH BUT NO				. WAS AUTOPSY PERFORMED? ES X NO
MEDICAL CI	(IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Yee Hour e.m. p.m. 19		CE OF INJURY (Home, ferm, ory, street, office bldg., etc.)	20f. (City or town)	(County)	(Stete)
		ember 6, 19.61, and that Cuyrord M. Heywood, M.D.	death occured 3:.00.  ATTENDING MEI PHYS. DIR  22d. ADDRESS The Institutes	pm from the causes and p. STAFF ECTOR PHYS. [X] PHYS. Clinical Cent Of Health, Bet.	on the date.  12 er, Nat	e stated above.  22b. DATE 2-7-61  ional
	REMOVAL (Specify) rial-Transit 12/9	/		16 Rue duDrB		(Stete) Tunis
24	FUNERAL DIRECTOR'S SIGNATURE ROBERT A. Pumphre	ADDRESS	25e. REC'D	BY REGISTRAR 256. REGIST		URE

: grataual sees The Manual Langer Calmana, I will make the Manual Calmana tona ( - 'an') The film of the corner, to have modified upon the data of the condoughout Stot 2 .istributed, nolembra Westucki, torkirth. LO UICOLES In E. e. the same of the extension the continue of the same son sen J. Darid Haywood, ... Survey - Arment 12/9/61 Meany mission Lobert A. Pumphrey, Belinesda, Maryland

\*\*EPULTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death "sny delay is necessary, as execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 is funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

### FOR STATE

HEALTH DEPT.

VS. A15ME 5M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14098 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14066

1	PLACE OF DEATH		2. USUAL RESIDENCE (W	/here decessed lived, If institution: R	esidence before edmission)
1	o. COUNTY		A. STATE	ь. сориту	
-	B. CITY OR TOWN (if outside exporate limits,	c. LENGTH OF STAY IN 16	mary land		20mery
	write RURAL end give neerest town)	C. LENGTH OF STAT IN ID	c. CITY OR TOWN (If outsi	ide corporete limits, write RURAL end	pive neerest town)
	lakama Park	DOA	165ilver Sp	ring Mary	land
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pital, giva streel address)	d. STREET ADDRESS	, sary	. IS RESIDENCE
1	Nashinala Sila	111	2075 11.	. 1 D	ON A FARM?
	NAME OF PARTIES	n and Hospita	202 South		YES NO
1	DECEASED	Middle		DATE Month	Day Yeer
	(Type or print) Mr. Alexander	- Gordon		EATH December	19 = 1961
1	SEX   6. COLOR OR RACE   7. MARRIEL		DATE OF BIRTH	9. AGE (In years   IF UNDER 1	
П			- 11	Link Mink days	leys Hours Min.
14	Male Mhite I MIDOWEI		pril 12, 191	Z 77 yrs.	
E	Oa. USUAL OCCUPATION (Give kind of work lone during most of working life, even if retired)	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fore	gign country)   12. CITIZ	ZEN OF WHAT COUNTRY?
-	Drug Clerk		Washin	7 11	< 14
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	, elecal u	12.171
П	1 - 1	4	1 1	-1 11	11-11-1-
	Alexander John F	ant	Helen :	JEHTOUT M.	AKEN BERG
1 7	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. : Yes,,no, or unkown)   (Ifyesgivewerordetes of service)	SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	
Ι,	No. No	RI	ITAL E FAUT	202 S. Horap	K. 11.
=	18. CAUSE OF DEATH [Enter only one cause per li	ne for (e), (b), and (c),)	The Market	- Norap	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:				ONSET AND DEATH
	IMMEDIATE CAUSE (e)	ninary o	celusion		sudden
	4201 DUE TO	1		,	
	Conditions, if eny, which \ (b)				
	geve rise to Immediate cause				
	(e), steting the underlying DUE TO				
1	cause lest.				
2	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PART	
I A					PERFORMED?
CEPTIFIC A TION	20e. EXTERNAL CAUSE WAS   20b. DESCRI	BE HOW INJURY OCCURED. (E	nter nature of Injury in Pert I or P	ert II of item 1B.)	1 17
103	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.				
ICAI	20c. TIME OF INJURY Month, Day, Year 20d. II		CE OF INJURY (Home, ferm, 20 pry, street, office bldg., etc.)	f. (City or town) (Coun	(Slete)
MFD	Hour e.m. While et work		y, silver, office blug., elc.,		
	21. I certify that I took charge of the rema		d an Autonov 🔲 Inene	eties M Issuer M	
				ection 🔀 Inquiry 🔀	and in my opinion
	death resulted from: Natural causes	Accident, Suici	de, Homicide,	Undetermined manner	
	1 1		CHIEF MEDICAL EXAMI	NER _	
	ACTUAL TO 10 /30	240,1	ASSISTANT MEDICAL E	XAMINER [	DATE SIGNED
ь	SIGNATURE VILLE Y 1 0V	recus	M.D.		
	EXAMINER'S	Dini	DEPUTY MEDICAL EXAM	11-10	1.1
	NAME (Type) - RAMK	12 roscharl	Address (Street, city, to		-61
127	Re. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR	CREMATORY 22d.	LOCATION (City, town, or country)	(State)
	Burial   12-21-61	Rock Creek Cer	metery W	ashington, D. C.	
2	3. FUNERAL DIRECTOR	ADDRESS		REGISTRAR   246. REGISTRAR'S SIG	NATURE
	Deal Funeral Home 4812	Ga.Ave., N.W., W	ach DC		
_	Jear Failer Home 4012	00.01.1.0.000.0000000000000000000000000	DEC 21	61 5 9 %	44

HARLE TO THE THE SAME AND ASSESSMENT PROTECTION 1271 6 FALLY 1204 Show MA Electric transfer to the Control of 

A. SSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after in. Page 4 may be retained by the hospital or attending physician.

\*\*CUNERAL DIRECTOR: After this certificate has been signed by the attending physician and control letely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

14099 CERTIFICATE OF DEATH

14067

	PLACE OF DEAT 6. COUNTY	Н			2. USUAL RESIDENCE			sidence before edmission)
	Montgome	ery	MARS	LAND	o. STATE Virgini		YOUNTY	folk
	b. CITY OR TOWN	(if outside corporete limits, d give neerest town)	c. LENGTH OF ST	AY IN 1b	c. CITY OR TOWN (If o		write RURAL and	give neerest town)
	Bethesda		75 Days		Norfolk		83	4-3
			not in hospital, give street add	ress)	d. STREET ADDRESS			e. IS RESIDENCE
		nical Center			1330 Mo	nterey Ave	nue	YES NO
	NAME OF DECEASED	First	Middle				Month	Dey Yeer
	(Type or print)	NANCY	ANN		FARLEY		December	11. 19 61
5.	SEX		MARRIED NEVER MARRI	ED   8.	DATE OF BIRTH	9. AGE (In	reers   IF UNDER 1 Y	
	Female	White	WIDOWED DIVORCE		eptember 26,	1934 27 v	rs. Months D	ays Hours Min.
10a do	. USUAL OCCUPA	TION (Give kind of work orking life, even if retired)	10b. KIND OF BUSINESS O	R INDUSTRY	11. BIRTHPLACE (County	& State, or foreign cou	ntry)   12. CITIZ	EN OF WHAT COUNTRY?
	Secreta		Secretarial		Michigan			U.S.A.
13.	FATHER'S NAME			1	14. MOTHER'S MAIDEN NA	ME		
	Spencer	KE. Kipp			Erma Staggs			
15.	WAS DECEASED ET	VER IN U.S. ARMED FORCE	S?   16. SOCIAL SECURITY	10. 17. IN	FORMANT The Me	dical Reco	rets.	
(1e	NO NO	If yes give we ror detes of serv	229-42-4873		Clinical Cen			[arvland
-	18. CAUSE OF	DEATH [Enter only one ce	ouse per line for (a), (b), and			, , , , , , , , , , , ,		I INTERVAL BETWEEN
	PART I. DEA	TH WAS CAUSED BY:	Intracerebral	Hemor	rhage			ONSET AND DEATH
	773		Indi acer ebrai	Hemor	Tilago			1) 110 41 0
	Contract of	DUE TO	Heman lastin	1 m ami				10 month
-	Conditions, if en		Hypoplastic	Anemir	l .			TO MOITON
	(e), steting the	DITE TO						
	ceuse lest.	) (c)						
NO.	PART II. OTHE	R SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEA	TH BUT NOT	RELATED TO THE TERMINA	L DISEASE CONDITION	N GIVEN IN PART 1	PERFORMED?
CA								YES X NO
CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING   2 CAUSE OF DEATH MEDICAL EXAMINER)	Ob. DESCRIBE HOW INJURY	OCCURED.	(Enter neture of injury in Per	t I or Pert II of item 18	.)	
3	20c. TIME OF INJ	URY Month, Dey, Yeer	20d. INJURY OCCURRED		E OF INJURY (Home, ferm,	20f. (City or town)	(Count	(Stete)
MEDICAL	Hour e.m.		While Not While et work et work	fector	y, street, office bldg., etc.)			
2	p.m.	19	) attended the decease		Sent 27 10	6T Dece	mherll to 6	1 (1) ( ) [
	21. I certify	that (I) (this hospital	11, 19 61	ed from	12.25	9.5., 1029.99.	##X#### 12.7	An that (I) (we) last
		ised alive on	19	and that	death occured ARAJ	M, from the cau	ses and on th	
	22e. SIGNATURE				ATTENDING MEE			22b. DATE SIGNED
		nee R. Moor	es	M.E		ECTOR PHYS.		12-12-61
	22c. PHYSICIAN'S		R. MOORES,	M.D.		Clinical		
		10000111	it. Moorabo,	ri.D.	Institutes			
230	REMOVAL STATE	H en en	OF 23c. NAME OF C	EMETERY O	R CREMATORY	23d. LOCATION (CIT	y, town or county)	RGINIA
24	FUNERAL DIRECTO		ADDRESS	0	25e. REC'D	20 to 0 1 - 1	. REGISTRAR'S SI	
_	7. W"	Kelles-	Wash V.	C,	DATE	EC 1 5 '61	Cerum,	S. Trank

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Femile White the second of September 26, 303h2 27

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229-19-1079 The Clifted Center, althorised, England

Sept. 27, 65 - Imperio

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Institutes of morth, betrome It, id.

1. WETERS WALD S.

CARLET TERRET

VS A15 (4) 15M 9/5B

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

(a)	1	4100		CERTIF	ICA	TE OF	DEATI	H		Reg. D	ist. No	106	38
1. PLAC o. C	CE OF DEATH	gomery		MARYL	AND	2. USUAL I	Marylan	here deceose	d lived. If institution b. COUNTY		tgom		ion)
RI	ITY OR TOWN (III URAL ond give ne ckville	f outside corporate lim carest town)	its, write c	LENGTH OF STAY IN	N 1b		OR TOWN (IF		orate limits, write R	URAL ond	give nee	arest town	1)
100	NAME OF HOSPIT	AL (If not in hospitol, of Street	give street ode	dress)			et ADDRESS harles	Stree	t				FARM?
3. NAA DEC (Type	ME OF EASED e or print) CH	ARLES	will:	Middle IAM FAW	LEY,	Sr.	Last	4. DATE OF DEATH	Dec. 1		61	,	Yeor
5. SEX	Male	6. COLOR OR RACE White	7. MARRIED	NEVER MARRIED DIVORCED	_	DATE OF	10,1879	9	9. AGE (In years last birthdoy) 82 yrs.	Months		Hours	ER 24 HRS
Ret.	Farmer	DN (Give kind of work ing life, even if retired	)	ND OF BUSINESS OR	INDUST		THPLACE (Stote	or foreign c	country)		SA	F WHAT C	OUNTRY
	HER'S NAME	Fawley					er's MAIDEN I		ht				
15. WA (Yes, no, No	ar unknown)	R IN U. S. ARMED FOR If yes, give war or dates of	service)	0-26-6841		FORMANT	. Fawle		Addi	ress			
9 00	onditions, if or over rise to in ouse (o), stoting ring couse lost.	mmediate (	AFT	RCINOMA  EMOSC LE	Ro	FIC	HEAR	D	ISE ASI		RT 1(o) 1	9. WAS	YPS AUTOPSY DRMED?
SOS SOS	a. ACCIDENT WAS CONTRIBUTING EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY OC	CURRED.	. (Enter notu	re of injury in	Port I or Por	rt II of item 18.)			YES [	
	Hour o.m.		While	URY OCCURRED 2 Not while ot work			RY (Home, form office bldg., etc		y or town)		(County)		(Stote
ACSIG PH NA	TUAL GNATURE		196	1	death	615 W	JANONTS	M, from ADDRESS (S	the causes an irreet, city or town, Rockvil	d on the stote)  11e, M	MD.	stated DAT	d above
23. FUI	SOL DIRECTOR	Signaturinera	1 Home	-1331SE. M	ont	g. Ave	•	D BY REGIS	TRAR 24b. REGI			RE	

			-0-115
			To the second second second
	Anna Canada Anna		Section 189
	THE ST. LEWIS CO.		
	Completed Colons		
		4. 9	4.5
1 1 1			

15M 7/61

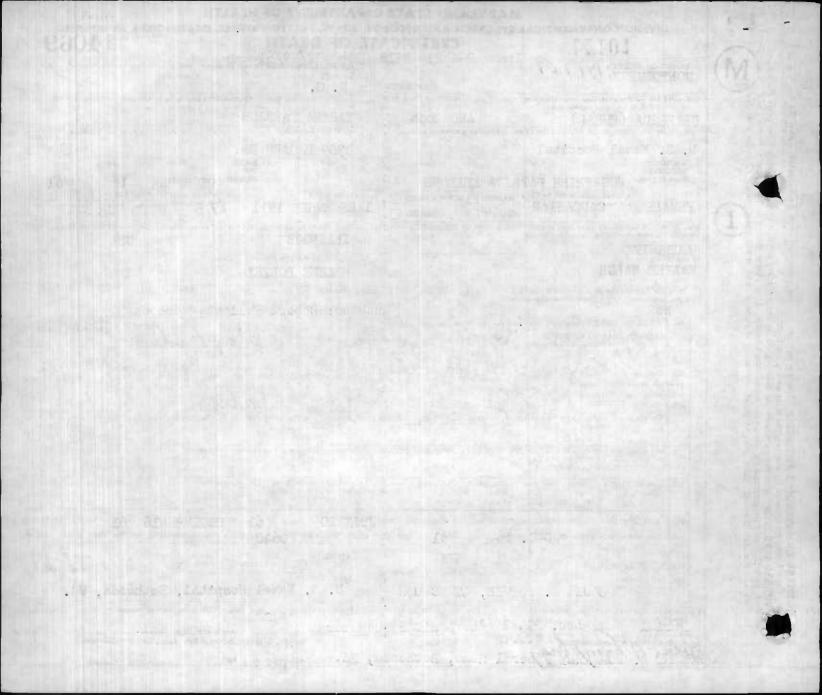
### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

14069

-		ms 9 & 23h Film	G301: 12/29/61 mh	
1.	MCROPPOMERY 14 101		T. USUAL RESIDENCE Where deceased lived, If Institutions Residence before admiss b. COUNTY	ion)
13	MOMICOMENT.	MARYLAND	8. STATE b. COUNTY N • C •	
	b. CITY OR TOWN (if outside corporate timits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
-	write RURAL and give nearest town) RETHESDA (RURAL)	4MO 26da	TARAWA TARRACE 70×·3	
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in		d. STREET ADDRESS   . IS RESIDE	
I	J. S. Naval Hospital		3389 HAGARU DR. ON A FA	-
3.	NAME OF First	Middle	Lesi 4. DATE Month Dey Yeer	
	(Type or print) JOSEPHINE PATRI	CA FELLOWS	DECEMBER 16 1961	
	FEMALE CAUCASTAN	THE TEX MARKED	DECEMBER 1911  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HOURS M	IRS.
	WIDO	OWED DIVORCED	π/ σογις.	
	e. USUAL OCCUPATION (Giva kind of work on a during most of working life, avan if retired)	b. KIND OF BUSINESS OR INDUSTR	II. BIRTHPLACE (County & Stata, or foreign country)  ILLINO IS  USA	TRY?
I	OUSEWIFE		oon and the second seco	
	WALTER WAISH		14. MOTHER'S MAIDEN NAME	
			HELENE PORZEL	
	. WAS DECEASED EVER IN U.S. ARMED FORCES? as, no, or unkown) (Ifyesgivawarordatasofservica)	16. SOCIAL SECURITY NO. 17. 1	NFORMANT Address	
1	No	Hu	sband: Robert Fellows, same as 13	
	18. CAUSE OF DEATH [Enter only one cause	par line for (e), (b), and (c).]	INTERVAL BETWEEN	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Loneumon	a - Askhinialim	
	17/X DUE TO	1		
	Conditions, if eny, which	ne tustadie	Current a of Cent 2 ms	
	gova risa to immadiata causa		Carrier 1	
	(a), stating the underlying DUE TO	10 10 8	In life tution 4 mos	nth
7	(4)	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTO	PSY
CATION			PERFORMEI YES NO	)?
CERTIFIC	20e. ACCIDENT WAS UNDERLYING   20b. OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED	(Enter natura of injury in Part I or Part II of item 18.)	
7		Od. INJURY OCCURRED   20a. PLA	CE OF INJURY (Home, farm, † 20f. (City or town) (County) (State	-
MEDIC	Hour a.m. V		ry, streat, office bldg., etc.)	
	21. I certify that (i) (this hospital) at	tended the deceased from.	ULY 20 1961, to DECEMBER16 1961, that (I) (we)	last
	saw the deceased alive on DEC	6 1967, and that	death occured at 0610, from the causes and on the date stated ab	
	228 SIGNATURE	()	ATTENDING MED. STAFF	TE
	vous le	John M		1_
	22c. PHISICIAN'S NAME (Type) TOTTE TO DOTTE	THE TO LEG TION	22d. ADDRESS	
	LOUIS E. POTV	IN, LT MC USN	U. S. Naval Hospital, Bethesda, Md.	
23	REMOVAL (Specify)  REMOVAL (Specify)  Burial  Dec. 21, 1	23c. NAME OF CEMETERY		
-		964t. Boniface Co		-
2. R	BERT A PUMPREY Expera	ADDRESS  1 Home, Bethesda	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  DATE DEC 2 1 '61 Clauber & Krank	
-			DELY DI SINDER A MASSA	



		DIVISION O	F STATISTICA	L RESEARC	CH AND REC	ORDS, 301	W. PRESTO	N STREET	, BALTIMORE	1, MARY	LAND
N.			141.02	,	CERTIFIC	CATE C	F DEATI	Н		1	1020
		Mentger	nek4			YLAND	MARY/A	and	Mont.	gomer	
		b. CITY OR TOWN (i write RURAL and	f outside corporate li give nearest town)	mits,	c. LENGTH OF ST	AY IN 16	c. CITY OF TOW	/N (If outside co	rporata limits, write	RURAL and gi	√e naarest town)
1		JAKOMA d. NAME OF HOSPIT	TARK	l (if not in hosp	14hKS - /		d. STREET ADDRE		reK		e. IS RESIDENCE
		Washing	ton Sni	itaxiu	my Hesp	ital	6506	Highl	and Ave		YES NO
		NAME OF DECEASED	Fi , eq	rst	Middle		Last	Ø DATE	-	D	ay Yeer
		(Typa or print) SEX	Edward	7	Hllen	FI	elding ATE OF BIRTY	DEAT	9. AGE (In years )	E LINDED 1 VE	3 196/ AR IF UNDER 24 HRS.
		,	6. COLOR OR KA		NEVER MARR		ATE OF BIRTY		lest birthdey)	Months Day	
		. USUAL OCCUPATI	ION (Giva kind at w	WIDOWED	DIVORC		2 to per 19	1904	or foreign country)	12. CITIZEN	OF WHAT COUNTRY?
	dor	plastere	rking life, even if ret	ired)			Virgin	ia	or total gir dodinity,		S.A.
1	13.	FATHER'S NAME				14.	MOTHER'S MAIL		• ,		
	10	James	W. Field	ing	COLL SECURITY		SAllie	Ba	iley		
		S, no, or unkown)   (I			OCIAL SECURITY	2 -1	ORMANT		Address		
	-	IR CHUSE OF D	EATH [Enter only o	-/	0-01-198-	2 140	Sp1 14/	Keco.	rd.	-	INTERVAL BETWEEN
		PART I. DEATI	H WAS CAUSED BY:	12	-	10	- Con	1	-		ONSET AND DEATH
		1/2.1	IMMEDIATE CAUSE		a a a	747	C 000	ccua	7~		4 mily
		Conditions, if any	DUE 1	b)						400	
		geve rise to immedi	ete ceuse				NILL				
		(a), stating tha u	nderlying	(c)							
	Z	PART II. OTHER	SIGNIFICANT CON		TRIBUTING TO DEA	TH BUT NOT RE	LATED TO THE TE	RMINAL DISEAS	E CONDITION GIVE	N IN PART 1(a	19. WAS AUTOPSY
	ATIC										YES NO
,	CERTIFICATION	2Da. ACCIDENT W.	AS UNDERLYING		RIBE HOW INJURY	OCCURED. (En	ter neture of injury	y in Part I or Per	t II of item 1B.)		
			MEDICAL EXAMINE								
	MEDICAL	20c. TIME OF INJU Hour a.m.		While	Not While		OF INJURY (Home, street, office bldg.,		City or town)	(County)	(State)
	2	p.m.	hat (I) (this has			ed from F	-sb-	1061	o Dec	3 10 6	, that (I) (we) last
		saw the deceas		K L	. / /			1147			date stated above.
		220 SIGNATURE	Kalls	-		M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	Dec	22b. DATE SIGNED
		PHYSICIAN'S	RA	BK/M	1, M.	).	22d. ADDRESS 1019	luwina	5 Blod	, Est	Selvergen
	23a	BURIAL, CREMATI		1961	Jak Ren	CEMETERY OR	CREMATORY	Pres 10	ice Graye	n or county)	Murylen &
	34	FUNERAL DIRECTOR	Waltur .	2540	Parrel 1	W NW 4	00 250. DAI	REC'D BY REG		ISTRAR'S SIG	U
	A. S.						The second secon				

MARYLAND STATE DEPARTMENT OF HEALTH

14102 4114 4114 Section of the second section of the second sections of the second sections of the second sections of the second sections of the second section sections of the second section sections of the second section section sec MENT REPORT CO THE STATE OF STREET The sale of the sa Y dudyn Rutik, 28 Guni W Bulfic Ins

## pletely filled in by the funeral capers. Pages 1 and 2 should DSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after h. Page 4 may be retained by the hospital or attending physician. OFUNERAL DIRECTOR: After this certificate has been signed by the attending physician and detector is detected for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15 (4) 15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14193 CERTIFICATE OF DEATH

1. PLACE OF DEATH  e. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Rasidance before edmission)
Mont ameri Maryland	a. STATE MARY PAR S. COUNTY MARKET MODE
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	B.C. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town)
write RURAL and give nearest lown)	90 8 % C.
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS IS RESIDENCE
a. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	COLO ON A FARM?
Sububan Itospital	1 9819 Rosensteel the YES NOW
3. NAME OF First Middle	Lest 4. DATE Month Day Year
(Typa or print) Clude William	FIRMU DEATH SEC. 10 196/
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	1983 last birthdey) Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done done done working life, even if retired)	Y 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
I /octrical engineer faut.	m2 -17-16 14. J. H.
13. FATHER'S NAME	14. MOTHER'S MANDEN NAME
Mhot HE	Kathryn Unknown
15 WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. 1	Kathryn Unknown NFGRMANT Addrey BOIG Proposition
(Yas, no, or unkown) (Ifyesgivewarordatesofsarvica)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
wo wo to	1132 outhe doging Silver Jy
1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Congestive	heart Larliber
4221 DUE TO 21	
Conditions, if any, which \ (b)	I hunestrophy-
geve rise to immediate cause	
(e), stelling the underlying	office nels and
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)   19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED?
V I I I	YES A NO .
OR CONTRIBUTING CAUSE OF DEATH	. (Enter neture of injury in Pert I or Pert II of item 1B.)
fact	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) ory, street, office bldg., atc.)
Hour a.m.  p.m.  While Not While at work at work	
21. I certify that (I) (this hospital) attended the deceased from	Man 1955, to 12-10 1961, that (1) (wo) last
saw the deceased alive on 12-9 19.61, and that	death occured at
22a. SIGNATURE	22b. DATE
1 /2 . IT Kendell	D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S	22d. ADDRESS 1 /
NAME (Typa) Seruth T. Kimble	927 Persping from Silver stand fre
23a, BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
RIRTAL 12/13/61 PROSPECT HILL	CEMETERY WASHINGTON D.C.
24 FUNDRAL DIRECTOR'S SIGNATURE - ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Laymona, C. MISICI8434 GEORGIA AVE	NUE 1050 1 1 1 C1
WARNER E. PUMPHREY, INC. SILVER SPRING, M	ARYLAND DATOEC 1 4 '61   Chilling & France

i., j., Substitute the given the 1889 Party the made and DINCE TO A SECOND STATE OF THE ECONOMIC CONTROLLED CONTRACTOR - TO COME SE THE STATE OF THE PARTY OF THE STATE OF THE S STATE OF THE PROPERTY OF THE PARTY OF THE PA AND THE PARTY OF THE PROPERTY OF THE PARTY O Comment of the street series, salvant of the series of the

### FOR STATE

HEALTH DEPT. files. any delay is necessary, he funeral director. Page

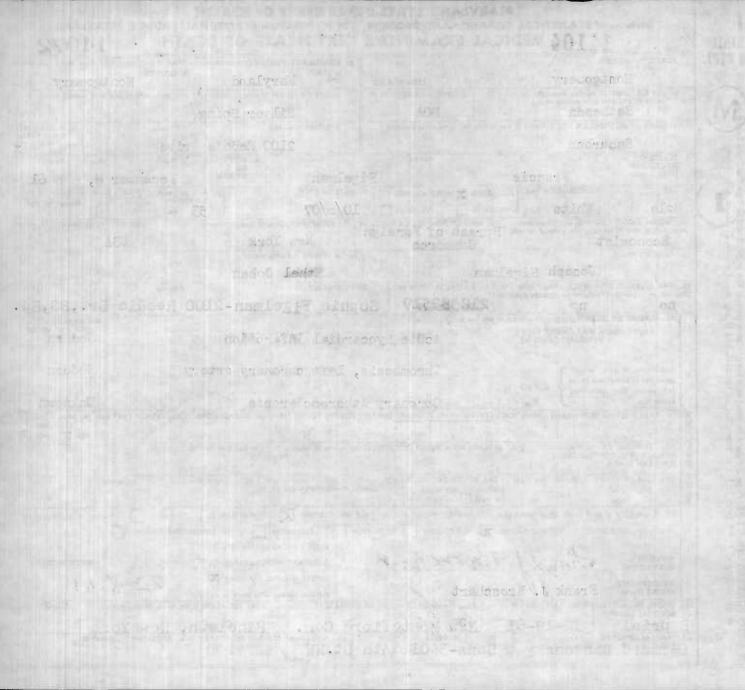
retained for State Bo, DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Ashry depends execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3. The fune 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designaled agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14104 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14072

1.	a. COUNTY				2.	USUAL R	ESIDEN	CE (Where o	lecaasad lived, If	institution: R	asidenc	e before e	dmission)
	to de la	gomery		MARYLAI	ND	a. STATE	Mam	rland	b. cour		tan	nery	
-	b. CITY OR TOWN (if	outsida corporata lim	its,	c. LENGTH OF STAY IN		c. CITY OR			porate limits, writ				(n)
	write RURAL and Beth	give naarast town)		DOA		29		er Sp:					
-			if not in hos	pital, giva streat address)		d. STREET A		er sp.	пıя			l a IS D	ESIDENCE
7				, , , , , , , , , , , , , , , , , , , ,		)							A FARM?
-	Subu:	roan		Middle		2100 Reddie Drive							NO X
ľ	DECEASED			Middle		Last		4. DATE OF	Mont	h	Day	Yea	r
	(Type or print)	Franci	_			lman		DEATH	I De	cember	8,	19	61
1 5	. SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	] B. DA	TE OF BIRTH		5	AGE (In years last birthday)			IF UNDER	
A	Male	White	WIDOWE	DIVORCED	] 10	0/6/07			53 угз.	Months D	ays	Hours	Min.
	Da. USUAL OCCUPATION of working most of workin	ON (Give kind of world	10b. KI	eau of Fore	DUSTRY   1	1. BIRTHPLA	CE (Stata	or foreign co	ountry)	12. CITI	ZEN OF	WHAT	OUNTRY?
1	Economist			Commerce	TRII	Ne	w Yo	rk		US	A		
13	3. FATHER'S NAME			Commerce	14.	MOTHER'S				052	-		
		Joseph Fi	gelman			Eth	el C	ohen					
	. WAS DECEASED EVE	R IN U.S. ARMED FOR	CES?   16.		17. INFO	TIAME			Address				
10	no (If)	yes giva war or detas of s NO	ervica)	18389519	Sonl	nie F	: gel	man_2	2100 Re	edie	Dr	SS	Md.
-			cause per li	ne for (a), (b), and (c).]	Dob	IIIO I	1807	111011 - 4	CTOO ICC	carc		RVAL BET	-
	PART I, DEATH	WAS CAUSED BY:			·	. 34 - 7 7	T				ONS	ET AND	DEATH
	1/20 "	MMEDIATE CAUSE (a)		Acute M	yocar	diar .	rurar	Grion			31	udden	
	1 420.1	DUE TO											
	Conditions, if any, gave rise to immedie			Thrombo	sis,	left (	coron	ary ar	rtery		51	udder	1
	(e), stating the un-												
	causa last.	) (c)		Coronar								nknov	
NO	PART II. OTHER	SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH BU	UT NOT RE	LATED TO TH	IE TERMIN	IAL DISEASE	CONDITION GIV	EN IN PART	1(e) 19	. WAS A	UTOPSY RMED?
15											Y	mercurity.	NO 4
CERTIFICATION	20a. EXTERNAL CAU		Ob. DESCRI	BE HOW INJURY OCCUR	RED. (Entar	nature of inju	ry in Port	I or Part II o	f itam 18.)		-		
		AIKIBUTING []											
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Ya	ar   20d. I	NJURY OCCURRED   20e		F INJURY (H			y or town)	(Coun	ty)		(Stata)
VED	Hour a.m.	19	While at work	Not Whila	factory,	streat, offica b	oldg., atc.	)					
-	print.			ains described above	e. held a	n Autonsy	N.	Inspection	, Inquir	· \	and i	n my o	pinion
П		om: Natural ca		_	Suicide		micide	_	determined m		und i	ii iiiy O	Pillott
	Godin resulted in	om. Indiala ca	[X],	Accident []	Salcide			_		latillet [			
	ACTUAL	9 1	1 12		1			XAMINER	_				
	SIGNATURE	Manh	1,10	whave		A.D.		CAL EXAMIN	_ Land			LTE SIG	NED
	EXAMINER'S NAME (Type)	Frank J. H	rosch	art				EXAMINER ity, town, or		12-8	16	1	
22	a. BURIAL, CREMATION REMOVAL (Specify)	22b. DATE THERE	OF	22c. NAME OF CEMETER	RY OR CRE				TION (City, town	, or country)		(Stat	0)
1	Burial	12-10-6	51	New Montef	fiore	Cem		Pinel	awn. N	ew Yo	rk		
2	3. FUNERAL DIRECTOR			ADDRESS		2		D BY REGIST	RAR   24b. REG	ISTRAR'S SIE	HATU	RE	-
1	Bernard Da	anzansky	& So:	ns-3501 14	4th S	St.NW.	DATE	EG 11'	61	Luthun A.	, The	ART.	
-						- 1 -	210						



# \*\*10SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the page 4 may be retained by the hospital or attending physician. O \*\*UNERAL DIRECTOR: After this certificate has been signed by the attending physician and collected filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in apprexent, within 72 hours after death.

VR A15 (4) 15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14105
CERTIFICATE OF DEATH
14073

	PLACE OF DEATH  COUNTY  Montgomery	MARYLAND	Maryland	CE (Where decessed lived, If	institution: Resident				
	b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town)  Olney	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporata limits, writ Le,	a RURAL and give	nearesi lown)			
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pital, giva street address)	d. STREET ADDRESS			e. IS RESIDENCE			
	Montgomery General Ho	ospital	200 \$ H	orners Lane		YES NO X			
	NAME OF First DECEASED (Type or print) RAYMOND	CLAY FIS	Lest HER	4. DATE Mont		Yeer 19 61			
5.	Male 6. COLOR OR RACE 7. MARRIE WIDOWE		8-24-05	lest birthdey)	Months Deys	IF UNDER 24 HRS. Hours Min.			
10a		IND OF BUSINESS OR INDUSTR		ty & State, or foreign country	12. CITIZEN C	DE WHAT COUNTRY?			
13.	FATHER'S NAME		14. MOTHER'S MAIDEN						
	Nathaniel Clay Fisher	C	Cora Mc	Gaha					
	and or unknown) ( ((free nive was and description))		Hospital re	ecords	s				
	331X DUE TO	EKERLAL	HEMORRH	ARE	0	TERVAL BETWEEN NSET AND DEATH BOHOUPS			
NOI	Conditions, if any, which geva rise to immediate ceuse (a), stating the underlying ceusa lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?								
CERTIFICATION	200. ACCIDENT WAS UNDERLYING   20b. DES OP CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURED	(Enter netura of injury in	Part I or Part II of item 18.)		YES NO			
MEDICAL	Hour a.m. While p.m. 19	e Not While fact	CE OF INJURY (Home, ferm ory, street, office bldg., etc.	)	(County)	(Stete)			
	21. I certify that (I) (this hospital) attended saw the deceased alive on 22.050					late stated above			
	220. SIGNATURE  220. PHYSICIAN'S  220. PHYSICIAN'S	ege "		AED. STAFF PHYS.	Due Due	22b. DATE SIGNED ZZNEL M			
	NAME (Type) Gordon S. Rosent	perger	ROCKVI	16 W. MENTS 5.					
236	REMOVAL (Specify) Burial 12/26/61	23c. NAME OF CEMETERY Potomac Meth.	OR CREMATORY	Potomac, Mai	own or county)	(State)			
24	FUNERAL DIRECTOR'S SIGNATURE LYSON Wheeler Funeral Home Rockville, Maryl	ADDRESS 2-1331 E. Montg		C'D BY REGISTRAR 256. RE					

TOTAL S				ditala	
Value	india knafy	rok :			donteo
	civille,	o sylvenia			olney
	o s Worners tens	20	Jesigao)	samina yan	of arch
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	5760 01 53	00	har	at'i yn.to isi	1.51051
	tal records	LGEOT :	10-10-11		r
	Blackston				
SHEET STREET			285 mes		
Salary year fill		Berth	PATTERNY		
	7,000		1850 377	BULLEAN	
	Det Fin sex		13		
50, 35,54 T 150 T	THANK WAS			- North	
			o uno enercia. La La La suciona de la constanta de la constant	Delivering Tollie	

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the Page 4 may be retained by the hospital or attending physician.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and pletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it any event, within 72 hours after death.

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where decessed fived, If institution: Residence COUNTY  O. STATE Maryland  b. COUNTY Montgot  Maryland						
Montgomery MARYLAND						
b. CITY OR TOWN if outside corporete limits, write RURAL end give negrest lown SILVEY Spring	c, CITY OR TOWN (If outside corporate limits, write RURAL and give neerest lown)					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS   e. IS RESIDENCE					
721 Thayer Avenue	721 Thayer Ave.					
3. NAME OF DECEASED (Type or print) Howard Sturde want	Fisk Detember 20 1961					
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.					
male white widowed Divorced	2/1/78   lest birthdey)   Months   Days   Hours   Min.					
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY!					
Star Newspaper Reporter 13. FATHER'S NAME	New York City U.S.A.					
Henry Clay Fisk	Emma Jane Nutt					
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17 (Yes, no, or unkown)   (Ifyes give wer or detes of service)	, INFORMANT Address					
yes ?	Katherine Fisk Bartley same as #2					
1B. CAUSE OF DEATH [Enter only one ceusa per line for (e), (b), end (c).)	INTERVAL BETWEEN					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONA	RY I HROMBOSIS I MONTH					
42011 DUE TO 0.5500	1. 1					
Conditions, if any, which ) ARTERIOSCHEROSIS UNK						
geve rise to immediate ceuse (e), stating the underlying  DUE TO						
ceuse lest. (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES \[ \] NO \[ \]					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  206. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter neture of injury in Pert I or Pert II of item 18.)					
	PLACE OF INJURY (Home, farm, 201. (City or town) (County) (State) dectory, street, office bldg., etc.)					
21. I certify that (I) (this trapital) attended the deceased from November 16, 1961, to December 20, 1961, that (I) (w) last saw the deceased alive on December 18, 1961, and that death occurred at AM, from the causes and on the date stated above.						
Theorems J. Aberene the	M.D. ATTENDING MED. STAFF SIGNED					
22c. PHYSICIAN'S NAME (Type) Theoclore J. Abennethy	1834 Eye St. N.W. Washington 6. D.C.					
230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 12/22/61 Prospect	Y OR CREMATORY 23d. LOCATION (City, town or county) (Stete) Hill Cemetery Washington, D.C.					
24 FUNERAL DIRECTOR'S SIGNATURE SPORES 71.+	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					
The S.H. Hines Company Washingto	n 9, D. Patro 22'61 anthur S. Kraus					
	0002					

721 Tunyan Ave. True Commence Selection House Startenant 16-1 Canada Wall Take Marie 2 ARTERIOSINENESSIS Personal Co. Co. December 20 Co. December 10 61 Trace of Bleson they COST IN WITH 1534 Figs St Wile Mornington & D. Theodore I Abernetan II) 22/ L (rederion of II) Composery with legices, D. The S.S. Bines Company highlighten 9, D.C. .....

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

17.107

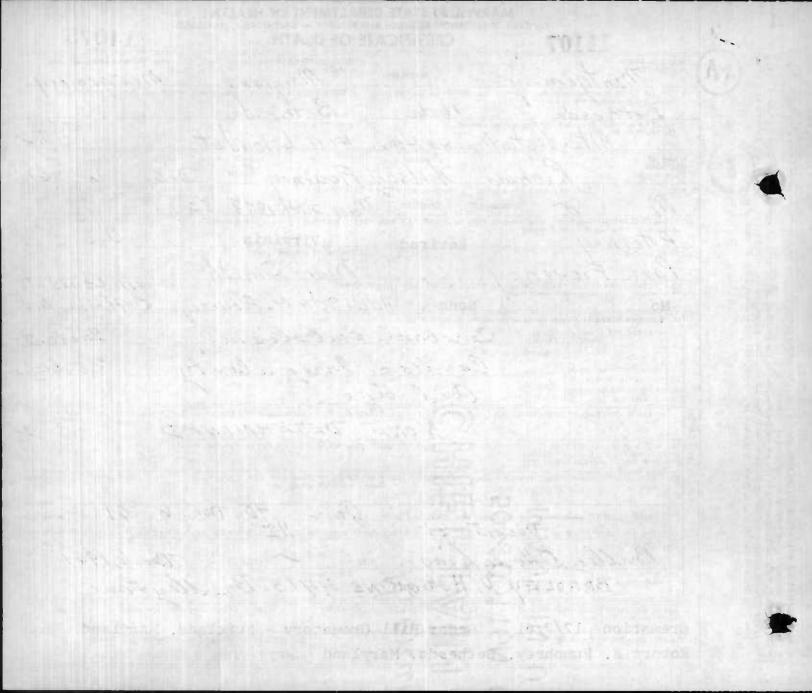
### CERTIFICATE OF DEATH

14075

		12101	GERTIN TOTAL		7.2
1		LACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If instign. STATE b. COUNTY b. COU	
	1	Mentaemery	MARYLAND	Maruland	Mentarmera
	Ŀ	. CITY OR TOWN (If outside corporate limits, wr	ite c. LENGTH OF STAY IN 15	c. CITY OR TOWN (It outside corporate limits, write	e RURAL and give nearest town)
		RURAL and give negrest town)	16 ds.	Botherda 54	(
	-	. NAME OF HOSPITAL (If not in haspital, give st		d. STREET ADDRESS	e. IS RESIDENCE
		OR INSTITUTION Alta Vista	Mursing Home	4111 Lelandst	ON A FARM? YES NO I
		NAME OF First	Middle	Last 4. DATE	Month Day Yeor
		Type or print)	ud Wilson	Flour Soul DEATH DA	ec. 10 1961
-	5. S	EX . 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In ye	ors IF UNDER 1 YEAR IF UNDER 24 HRS.
		m 31	OWED DIVORCED	May 20th 1878 83	yrs.   Months Doys Hours Min.
	10a	USUAL OCCUPATION (Give kind of wark dane	106. KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		during mast of working life, even if retired)	Datida a	Virginia	4.5
	13.	FATHER'S NAME	Retired	14. MOTHER'S MAIDEN NAME	
		P. 2 =1		m. 0.11	
ı		IAXX Flourno	4	IFORMANT OM TO	Address 4111 Leland ST.
	(Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? , no. or unknown) [(If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 17. IF	I de la	address 4/// Reland 31,
		No	None Ho	Idison H. Flournou	Detherday Md
N		18. CAUSE OF DEATH [Enter only one cause p	er line for (a), (b), and (c).]	8 - 1	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Cerebral	Emboles in	Instruct
		434.4 DUE TO		1	
		Conditions if any outlish \	Cardian	gara long to	30 day
		gave rise to immediate	Con operate	- The sum as	Je cang
		couse (a), stoting the under-	Reld Ge	100	
	z	/ (0)	NIC CONTRIBUTING TO DEATH OUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION	CIVEN IN BART 1/2/ 19 WAS AUTORSY
	TION	PART II. OTHER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BEA	NOT RELATED TO THE TERMINAL DISEASE CONDITION	PERFORMED?
1	Ŏ.		NONE	DETERMINE	YES NO
1	CERTIFI	OR CONTRIBUTING   CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Part II of item 18.	
		(IF EITHER, NOTIFY MEDICAL EXAMINER)			
	MEDICAL		£-	ACE OF INJURY (Hame, farm, 20f. (City or tawn)	(County) (State)
	AED		/hile Not while wark at wark	crory, street, office bidg., etc.)	
	-			Ages 1040. Don	6 /11
		21. I certify that (I) (this hospital) at	7.11	1110	1962, that (1) (we) last
		saw the deceased alive an	19_6. I and that c	leath accurred at LLAM, from the causes	
		220. SIGNATURE	01.	ATTENDING & MED STAFE	22b. DATE SIGNED
		I sadley Differ	testanto	M.D. ATTENDING MED. STAFF PHYS.	Vec 9,1741
		22c. PHYSICIAN'S NAME (Type) BRADI FIT	TO HADAY	22d. ADDRESS R. AL	1 0
		DRAYLLY	المالى دورا الرحم	va 7710 Braall	y dance
	23a	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	R CREMATORY 23d. LOCATION (City, 16	vn, or caunty) (State)
	(	remation 12/7/61	Cedar Hill	Crematory Suitland	Maryland
		FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		EGISTRAR'S SIGNATURE
1	F	Robert A. Pumphrey,	Bethesda, Man	ryland DATBEC 7 '61 C	Thur S. Kraus
		1 7 7			



VR A1S (4) 15M 9/59



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V	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
8	14108 CERTIFICATE OF DEATH

1107E	)
)	1407E

-				Key. Di	151, 140,
1.	PLACE OF DEATH  o. COUNTY  TO THE PY	MARYLAND	2. USUAL RESIDENCE (Whe	ere deceosed lived. If institution: Resider b. COUNTY	nce before odmission)
	b. CITY OR TOWN (If outside aproporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	itside corporate limits, write RURAL and	give negrest town)
4.4	RURAL and give negrest town)	28 days	Washing	42	4.1Y.2
-	d. NAME OF HOSPITAL (If not in hospital, give street	oddress)	d. STREET ADDRESS	101	e. IS RESIDENCE
	Wash San and Haspit	al		oad Branch Rd. N	W ON A FARM?
3.	NAME OF DECEASED (Type or print) Evely.	m Susan	Foresman	4. DATE Month OF DEATH /2	Day Yeor 196/
S.		RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNDER	R 1 YEAR IF UNDER 24 HRS.
	Te who willown		12-9-98	lost birthdoy) Months	Doys Hours Min.
10	during most of working life, even if retired)	or cafeterias	11	r foreign country) 12.CIT	IZEN OF WHAT COUNTRY?
13	FATHER'S NAME	1	14. MOTHER'S MAIDEN NA	AMF	
	Samuel Bond	d	Cordeli	a Davis	
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	INFORMANT	Address	
Ĺ	no	?	Hospital C.	hart	
	1B. CAUSE OF DEATH [Enter only one couse per lin	ne for (o), (b), and (c).]	• •		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ute Cardi	ac Dilatation	7-Rt Hert Failar	E Terninal
	T4) V DUE TO				
	Conditions, if ony, which ) (b)	maestive (	ardiac Fai	luxe	3 WEEKS
	gove rise to immediate DUE TO				A WEEK
	lying couse lost.	pertensiv	e Cardio-R	Leval Comblex	'Year's
Z	PART II. OTHER SIGNIFICANT CONDITIONS	NTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN		RT 1(0) 19. WAS AUTOPSY
CATION	Diabet	Los Mellita	¢		PERFORMED? YES NO
ű.	20g. ACCIDENT WAS UNDERLYING \( \square\) 20b. DESC		ED. (Enter noture of injury in Po	ort I or Port II of item 18.)	
CERTI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
Z Z	20c. TIME OF INJURY Month, Doy, Year 20d. In		LACE OF INJURY (Home, form,	20f. (City or town)	County) (State)
MEDICA	Hour o. m. While of worl	I 401 WILLIE	octory, street, office bldg., etc.)		
2		"	- 10/1 . 10	10 .11	
	21. I certify that I attended the decease		- , 196/ , ta /2		ast saw the deceased
	alive an Dec 18, 194	and that deat		M, fram the causes and an the	e date stated above.  DATE SIGNED
	ACTUAL SIN Son A	//		DDRESS (Street, city or town, stote)	A SIL MILL
	SIGNATURE LEGICAL CLASS	fare.	M.D. 7600 Ca7	rroll que,	1419/61
	PHYSICIAN'S Robert A	. Itare, M.D	. 70	akoma Park	, Md.
22	SURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY	OR CREMATORY 2	22d. LOCATION (City, town, or county)	(Stote)
L	burial 12/22/61	Arlington	National Cer	m Arlington. V	irginia ·
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESSWash . 1	24a. REC'D	BY REGISTRAR 246. REGISTRAR'S SJ	GNATURE
1	he S.H. Hines Co., 290	1 14th St., 1	N.W. DATE 2	2 2 '61 Civilian S. 70	ralls

And the said the said of the s

VR A15 (4) 15M 9/60 73

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLANDY LATER OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution, Residue) a STATE b. COUNTY	dence before edmission)
Montgomery  b. CITY OR TOWN (if outside corporete limits,   c. LENGTH OF STAY IN 1b	Maryland  c. CITY OR TOWN (If outside corporata limits, write RURAL and gi	ve nearest town)
write RURAL and give neerest town)		
Olney  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Derwood,	e. IS RESIDENCE
Montgomery General Hospital	Box 66	ON A FARM?
3. NAME OF First Middle		ey Yeer
(Type or print) ALFRED LLOYD FRALEY	OF DEATH 12 7	19 61
S. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YE. Lest birthdey) Months Day	
male white widowed Divorced	8-26-93   68 yrs.   Months   Day	's Hours Min.
10a. USUAL OCCUPATION (Give kind of work dona during most of working life, even if ratired)	TRY 11. BIRTHPLACE (County & State, or loreign country) 12. CITIZEN	N OF WHAT COUNTRY?
(RETIRED) MECHINIST Garage		S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John Fraley	Hinda Adamson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yas, ng. payokown) (Ifyesgivewarordatesofservice)	INFORMANT Address	
no 1711%	Hospital records	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA.		ONSE! AND DEATH
151X DUE TO		
1.13/1	STOMACH WITH METASTASIS TO	
geve rise to immediate cause	STORMER WITH HEIRSTROTS TO	
(a), stating the underlying		
INE DIAPHRAGIA	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4	) 19. WAS AUTOPSY
0		PERFORMED?
200. ACCIDENT WAS UNDERLYING TO 200. DESCRIBE HOW INJURY OCCUR!	ED. (Enter nature of injury in Part I or Pert II of item 18.)	1113 11 110
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
5.	LACE OF INJURY (Home, ferm, 20f. (City or town) (County actory, street, office bldg., etc.)	) (Stete)
Hour a.m. While Not While et work at work 19	1	
21. 1 certify that (I) (this hospital) attended the deceased from	10 12 7 196	, that (I) (we) last
saw the deceased alive on	at death occured and M. M. from the causes and on the	
228. SIGNATURE		1 22b. DATE
1 Not som	M.D. PHYS. DIRECTOR PHYS.	61 SIGNED
22c, PHYSICIAN'S	22d. ADDRESS	4 1 1
NAME (Type) C. H. LIGON, M.D.	SANDY SPRING, MARYLAND	
238. BURIAL, CREMATION, 236. DATE THEREOF   23c. NAME OF CEMETER		(Stata)
REMOVAL (Specify) Burial 12-11-61 St. Luke's L	utheran Redland Mont. Ma	ryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	
Francis H. Barber Laytonsville, Maryla	and DATE DEC 13'61 Cuther & 1	Kraue
	3.1	

100100

C. H. Stonis . H. J.

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WILLIAM STATE

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Individit serio yelundili

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OF GREATERS OF STOMES WITH METASTAL TO

Clancyfield braining

NO MISSES SOLLI

SARDY SPRINE, SARYEARD

Market Indictor

bulleties .com but bou - manage a lains .s

### FOR STATE HEALTH DEPT. peace execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. AISME SM 9/60 5

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14110 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14078

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Res a. COUNTY b. COUNTY							
Montgomery Marylani							
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)							
Gaithersburg 10 min.	Gaithersburg (rural)						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?						
8 Russell Ave., Drs. office	Metropolitan Grove						
3. NAME OF First Middle DECEASED	Lasi 4. DATE Month Day Year						
(Type or print) Charles F Frazie	er Dec. 4 1961						
5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   last birthday)   Months   Days   Hours   Min.						
male   col.   widowed   Divorced	11/ 12/1899 62 yrs. Monins Days Rooms						
10a. USUAL OCCUPATION (Giva kind of work done during most of working lifa, evan if retired)	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
laborer	Maryland USA						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Cy Frazier							
	Mary Noland 7. INFORMANT Address						
(Yas, no, or unkown) (Ifyasgiva warordales of servica)							
	M.C. Police						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH						
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hamon has	1L						
DUE TO DUE TO							
Relling Darley Control To							
	meloling						
(a), stating the underlying DUE TO	1 1 1						
causa last. (c) lunge owne	I NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8UT  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUT	PERFORMED?  YES TO NO F						
20a. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURE	D. (Enter natura of injury In Part I or Part II of itam 18.)						
	PLACE OF INJURY (Homa, farm, ' 20f. (City or town) (County) (Stata) factory, street, offica bldg., etc.)						
21. I certify that I took charge of the remains described above,	, held an Autopsy x, Inspection . Inquiry , and in my opinion						
death resulted from: Natural causes . Accident . S							
	CHIEF MEDICAL EXAMINER						
ACTUAL X 10. 13	,						
SIGNATURE Solut & Dorchar	N. Land Printer						
EXAMINER'S Frank J. Broschart	DEPUTY MEDICAL EXAMINER 2 12/5/61 Address (Street, city, town, or county)						
228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER							
Burial Spacify 12/9/61 St. Rose.	· Cloppers, Md.						
23. FUNKAL DIRECTOR L. Survelle Rockwiller	24a. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE						
Malest L. Survell Rockville	, Md. DATE DEC 1 4 '61 Colling & thous						
1 Johnson Mi	DATE DEC 1 4 01 Cirling & Thomas						

15 J. Ath. 02 AND ADDED ON THE PARTY OF THE P Tale 18 - 18 - 1 TWING IN CARD THOU . foo | each THE LOUISING Total at a second 1/:/1 - William Town to 15 - Illiam A TEST OF THE PARTY OF THE PART

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1411 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
14079

1. PLACE OF DEATH		2. USUAL RESIDEN	ICE (Where decessed	lived, If institution: I	Residence before edmission
a. COUNTY Montgomery	MARYLAND	. STATE Mary	vland	b. COUNTY Mon	tgomery
b. CITY OR TOWN (if oulside corporate limits, write RURAL end give neerest town)	c. LENGTH OF STAY IN 16		If outside corporete li	mils, write RURAL end	give neerest town)
Betnesda	4 m5	12 Kens	sington		
d. NAME OF HOSPITAL OR INSTITUTION (if not in he	ospital, give street address)	d. STREET ADDRESS			IS RESIDENCE     ON A FARM?
Suburban Hospita	1	5209	Gretchen	St.	YES NO
DECEASED	Middle	Last	4. DATE	Month	Day Yeer
(Type or print) Deborah	Lumn.	Gabriel	DEATH	December	21. 1961
5. SEX 6. COLOR OR RACE 7. MARRI	ED NOVER MARRIED X	B. DATE OF BIRTH	9. AGE	(In years   IF UNDER 1	
Female   White   widow	ED DIVORCED	1/7/58	1,5	yrs. Months	Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUST	RY   11. BIRTHPLACE (State	or foreign country)	12. CIT	ZEN OF WHAT COUNTRY
		marc	1/201	1. 11	1.5.H
13. FATHER'S NAME	,	14. MOTHER'S MAIDER	NAME	_	, ,
Kogert (= 2 b)	1/0/	Trale	52-7	VII nn	1/,
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16.	SOCIAL SECURITY NO. 17.	INFORMANT	-07 -07	Address	
(1985 HO, OF CHOWN) (Hyssgive werd deles of service)		Hors Ru	nel		
18. CAUSE OF DEATH [Enter only one cause per	line for (e), (b), end (c).]	1			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	horh	The specific state			ONSET AND DEATH
9160 DUE TO			(		6%
Conditions, if eny, which	and a and de	me from a	wales	. 4 +	The ,
gove rise to immediate cause	J. D. J - D	The grant to		acres 1	
(e), steting the underlying DUETO 80	1, & grad.		/		
(6)	NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	NAL DISEASE CONDIT	ION GIVEN IN PART	1(a) 19 WAS ALITOPSY
OIL				TOTAL CONTRACT	PERFORMED?
20a. EXTERNAL CAUSE WAS 20b. DESC	RIBE HOW INJURY OCCURED.	Enter nature of injury In Per	t I or Part II of item 18	1	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CO.  20a. EXTERNAL CAUSE WAS PRIMARY PL or CONTRIBUTING CAUSE OF DEATH.	ADE HOW HOOK! OCCORED.	and heldle of injury in rei			1 / -
duthe	INJURY OCCURRED   LOO. PL	- playing !	with cig	with le	ghter
Hour e.m. Whil	eNot While   fec	tory, seet, office bldg., etc.	n, 20f. (City or w	n) (Cour	Yy) (Stete)
	rk et work	home	Musu	The m	only only
21. I certify that I took charge of the rer	mains described above, he	eld an Autopsy ,	Inspection ,	Inquiry ,	and in my opinion
death resulted from: Natural causes	, Accident , Suic	ide, Homicide	, Undeterm	nined manner	
0 0		CHIEF MEDICAL	EXAMINER		
SIGNATURE Trans & / ON	schart	M.D. ASSISTANT MED			DATE SIGNED
EXAMINER'S		DEPUTY MEDICAL	L EXAMINER	12-21	-61
NAME (Type)  22e, BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O		city, lown, or county) 22d. LOCATION (C		
REMOVAL (Specify)			Rockvil		(State)
Burial 12-23-1961	Parklawn		'D BY REGISTRAR   2		CNIATURE
11/1/11/11	1756-00	T JUNE / VIII			
Joseph Lawriston	a, on, Wash	LEN DATELLE	C 2 6 '61	Cirilhun S.	Thates

MERCONSID . Authority Ties Tolland Works .II . SLIT. Noof Translard Demotion Took. 1110, 111

pletely filled in by the funeral papers. Pages 1 and 2 should

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the page 4 may be retained by the hospital or attending physician.

C. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A1S (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

14112 CERTIFICATE OF DEATH

14080 14080

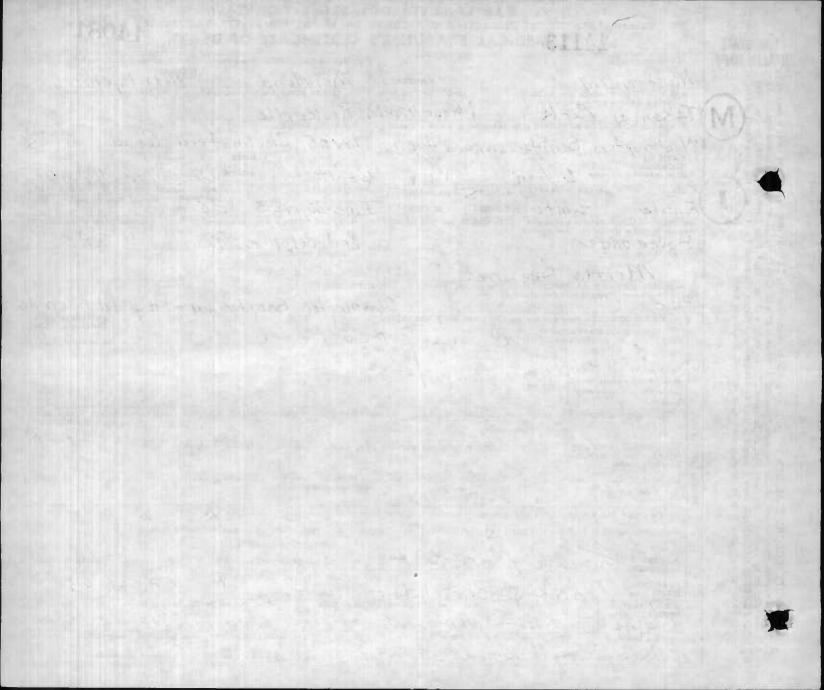
V	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased livad, If institution: Residence before edmission)
I V	MARYLAND MARYLAND	e. STATE D. COUNTY Monta
l y	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town)
1	write RURAL and give neerest lown)	13 Rockville
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
	16550 Emory Lane.	16550 Ilwary Lave YES NO NO
-	3. NAME OF First Middle	Lest 4. DATE Month Day Year
	(Type or print) TESSIE LORETTA	AUL OF DEATH December 22 19 61
П	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH  9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.    Months Days Hours Min.
	Tende (1) WIDOWED DIVORCED (	July 16 1879 82 yrs. Monins Days mouls
1	100. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTYPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	done during most of working life, even if retired for service	New York U.S. A
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Millian Junes Morrison	Flow O. Brien
		NFORMANT Address
	(Yes, no or unkown) (Hyes give wer or detes of service)	rs Butterm Mather 16550 Itrock in the
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	
	4-50	
	DUE TO DUE TO	SALOVASIS MARCONOLIS 186
	Conditions, if eny, which geve rise to immediate cause	secusion landales
	(e), steting the underlying DUE TO	\ \
	cause last.	) A LITTORY CHIEF TO THE CONTROL OF
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	TY I	YES NO X
		(Enter neture of injury in Pert I or Pert II of item 18.)
	OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)	
	ZOc. TIME OF INJURY Month, Dey, Yeer   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm, ' 20f. (City or town) (County) (Stete)
	nour e.m.	ory, street, office bldg., etc.)
9		7. A 10 (1) (1) (1) (1) (1) (1)
- 1	21.   certify that (I) (this hospital) are need the deceased from	
	saw the deceased alive on	death occurred and
	22e. SIGNATURE	ATTENDING MED. STAFF SIGNED
	M. Xan W.	
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
	C. LIVE day how	my knod home
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	- · · · · · · · · · · · · · · · · · · ·
	Removal Dec. 26 1961 Maple Grove	Park Hackansack New Jers
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	24 FUNERAL DIRECTOR'S SIGNATURE Laytonsville, Mar	yland DATEDEC 2 9'61 Orthur S. France

1. 25411309 The state of the s no marc. e pare erore ec. 2 1 il aple brove ari I trtonsville, "Innyland FOR STATE HEALTH DEPT.

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1411 3MEDICAL EXAMINER'S CERTIFICATE OF DEATH

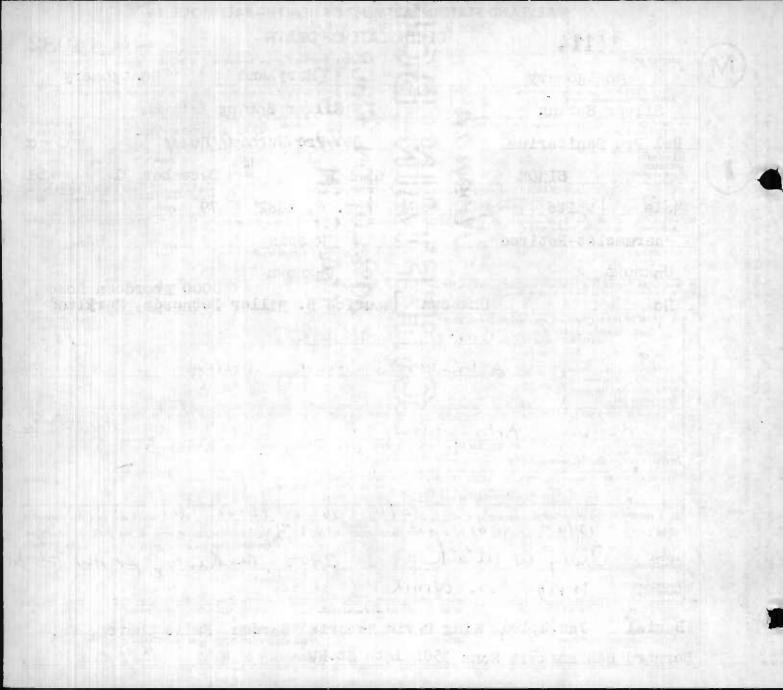
HEALTH DEI	PT.	1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where daceased lived, If institution: Rasidence before admission)
를 를 를 수 있다. - 프		1	Nant cameri	and and b. county
Pa lea lea		-	b. CITY OR TOWN (if outside corporata limits,   c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
tor tor		-	write RURAL and giva negrast town)	
S P P	M		akoma Park   Kour 40 min	
7 500		,	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
dela dela ed ed	75	N	lashington Sanitarium and Hospital	14105 Chelmstord Road YES NO N
fun fun ain Stat	/~		NAME OF First Middle	Last 4. DATE Month Day Yaar
de de			411	Geat December 31, 1961
- B- E	- 7	15.		DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
d d d		1-	, ,	Jas Orthday) Months Days Hours Min.
E E CA			emale   white widowed   divorced	June 30, 1923 130 yrs.
aff 2 h			. USUAL OCCUPATION (Giva kind of work during most of working life, aven if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Pag Pag s 1		1	touseruite	Philadelphia Pa U.S.A.
ho ag		13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ve Per	13.		Morris Branner	KEBECCA -
FE FE			WAS DECEASED EYER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. 1	NFORMANT Address
¥ 5. ± € .			s, no, or unkown) (Ifyas giva war or dates of service)	in 1 Could all like ands
vith with		-	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	shington Sanitarium + Hospital Records
in the state of th				- ONSET AND DEATH
exe i lisi alon ans			IMMEDIATE CAUSE (a) Comany of	Eclusion 2 hrs
be se			DUE TO	
uld Office ourig	3.64		Conditions, if any, which (b)	
sho s s	7		gava risa to immadiata causa	
din din din as			(a), stating the underlying cause last.	
ifica amii sed	01	7		DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
Exe Exe atio		NOL	PARI II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT INC.	PERFORMED?
is control of the distriction of		CA		YES NO
oul oul		CERTIFICA	20a. EXTERNAL CAUSE WAS   2Db. DESCRIBE HOW INJURY OCCURED. (I	Enter nature of injury in Part I or Part II of item 18.)
the state of the s		9	CAUSE OF DEATH.	
hiel hiel		SAL		CE OF INJURY (Home, farm, 2Df. (City or town) (County) (Stata)
Wr Wr		EDI	nour a.m.	ory, street, office bldg., atc.)
EX.		2	21. I certify that I took charge of the remains described above, he	eld an Autopsy , Inspection , Inquiry , and in my opinion
fica fica				
en de principal de			death resulted from: Natural causes XI, Accident, Suice	ide, Homicide, Undetermined manner
Var RRI ag			1 1 1	CHIEF MEDICAL EXAMINER
ted by			SIGNATURE TRANK 4. / MORTHAUT	ASSISTANT MEDICAL EXAMINER DATE SIGNED
A AI	2			DEPUTY MEDICAL EXAMINER 4 /2-31-61
G H	W.		NAME (Type) FLANK I BLOSCHALL	Addrass (Streat, city_lown, or county)
Se de la contra del contra de la contra de la contra del la contra de la contra del		22a	BURIAL CREMATION, 226. DATE THEREOF   22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, or country) (Stata)
- A &			BUR, AL JAN 2-1962 NONTEFICE	CEM MONGONERICO PENN
H	- 1	22	BURIAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE
VS. AISME		23		
SM 9/60		1	12 Dangarsky & Sove 3501-Alles	STNW DATEJAN 4 '62 Cithun & Flores



1	1 1/2				Reg. Dist. No.		
1	1. PLACE OF DEATH o. COUNTY			ere deceased lived. If institu	ution: Residence before admission)		
1	Montgomery	MARYLAND	o. STATE Maryl	and b. COUNT	'Montgomery		
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o		RURAL and give nearest town)		
	Silver Spring		X SILVER 2	coming Bethe	sda		
)-	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS	5000 Aberdeer	e. IS RESIDENCE		
	Bel Pre Sanitarium		BOY/PLO NV	rsivag/Adme	ON A FARM? YES NO		
1	3. NAME OF First DECEASED	Middle	Last	4. DATE M	onth Doy Yeor		
	(Type or print) SIMON	G	ERBER	DEATH Decem	ber 31 1961		
	S. SEX 6. COLOR OR RACE 7. MARR	RIED T NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year lost birthday	IF UNDER 1 YEAR IF UNDER 24 HR		
	Male White WIDOWE		Apr. 6, 188	2 79 yr			
	10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY		
	Pharmacist-Retired		Russia		USA		
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME			
	Unknown		Unknown				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. II	NFORMANT		berdeen Road		
		Unknown Ma	urice B. Mi		sda, Maryband		
	1B. CAUSE OF DEATH [Enter only one couse per lin				INTERVAL BETWEEN ONSET AND DEATH		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	orenary	Occlusion		ONSET AND DEATH		
	DUE TO						
		rtevio scleratic	. Iteart	Disease	1 Puenta		
	gove rise to immediate out to DUE TO						
	lying couse lost. (c)						
	PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION O	GIVEN IN PART 1(0) 19. WAS AUTOPSY		
)		ario sclerosu			YES NO		
		CRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in P	ort I or Port II of item 18.)			
	(IF EITHER, NOTIFY MEDICAL EXAMINER)						
		l lan	ACE OF INJURY (Home, form, trory, street, office bldg., etc.	20f. (City or town)	(County) (Stote		
	Hour o.m.  While of world worl	IAOI MILIE	nory, sheet, office blog., ele.				
	21. I certify that I attended the decease	ed fram 9/1°	7 1961, ta	12/31 196	I,that I last saw the decease		
	alive an 12/30, 19 61, and that death accurred at 6 43 M, from the causes and on the date stated above.						
	ADDRESS (Street, city or town, stote)  DATE SIGNED						
	SIGNATURE Juny W. U	luk	MD 3900	neckente	xt. NW 12/3		
	BUYERCIANIE	1 ' ' k			77		
	PHYSICIAN'S IVVING U	V. Winik					
	22a. BURIAL, CREMATION. 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY-	R-GREMATORY-	22d. LOCATION (City, town	, or county) (Stote)		
	Burial Jan. 2, 1962				Church, Va.		
	23. FUNERAL DIRECTOR'S SIGNATURE  Romand Danganeky & Co	ADDRESS		Committee of the commit	GISTRAR'S SIGNATURE		
	Rampard Hanganery & St	anc 1701 //.l.	I DIE WINDATE	N A 169	7.29.00 8 66		

ed in by the funeral director, I and 2 shauld be filed wiff TO PESPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4 TO FUNCEAL DIRECTOR: After this certificate has been signed by the attending physician and campletely page 3 should be detoched for use as the burial-transit permit. Then please remove carbon papers. Pother registror prior to burial, crematian, ar remayal, and in any event within 72 haurs after death.

VS A1S (4) 1SM 9/SB



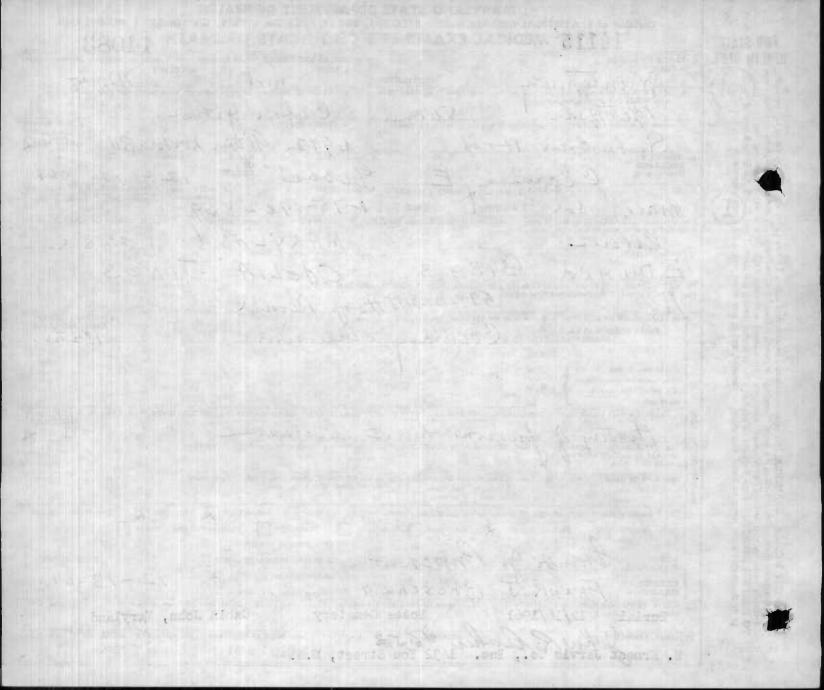
## HEALTH DEPT. PEDUTY MEDICAL EXAMINER. This certificate should be executed within 24 hours after dean than yellow is necessary, some execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 a tuneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may bo retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2-with the State Board of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 flours after death.

VS. A1SME SM 9/60 MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

14115	MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF	DEATH	14083	3

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, if Institution: R	esidence before edmission)
e. COUNTY MARYLAND	o. STATE b. COUNTY	2mbr
b. CITY OF TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete limits, write RURAL end	give neer st town)
write RUPAL end give neerest town)	LOCAL AND	
d. NAME OF HOSPITAUOR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	I e. IS RESIDENCE
0 1 0 1/ 0	1612 14 1 2	ON A FARM?
3. NAME OF First Middle	Lest 14. DATE Month	YES NO
DECEASED O	0. 1 4 - OF	Dey Teer
(Type or print) Clarlice E	Tibbe DEATH 12-	12- 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	DATE OF BIRTH  9. AGE (In yeers   IF UNDER   Months   Months   I	YEAR IF UNDER 24 HRS. De ys Hours Min.
male cos WIDOWED DIVORCED	1-15-1902 59 yrs.	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY 11. BIRTHPLACE (State or foreign country) 12. CITI	ZEN OF WHAT COUNTRY?
Vatrage	MARULANA, 2	1-8.6
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	-0-7
Franced GIBBS	Odelia Jone	<
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address	
(Yes, n)s, for unkown) (If yes give we ror detes of service) 579 01-8195	4. 10. 0	
1 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	Tosp Klein	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
IMMEDIATE CAUSE (e)	occlusion	112 11
DUE TO		
Conditions, if any, which geve rise to immediate cause		
(e), sleting the underlying DUE TO		
cause lest. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN  THE STATE OF CONTRIBUTING TO DEATH BUT IN  208. EXTERNAL CAUSE IVAS A PRIMARY OF CONTRIBUTING TO DESCRIBE HOW INJURY OCCURED.  TO CAUSE OF DEATH.	t disease	YES NO
208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 201. DESCRIBE HOW INJURY OCCURED.	(Enler neture of Injury in Pert I or Pert II of Item 1B.)	
	LACE OF INJURY (Home, farm, 20f. (City or town) (Cour	nty) (Slele)
Hour e.m. While Not While et work et work	octory, street, office bldg., etc.)	
21. I certify that I took charge of the remains described above,	held an Autopsy , Inspection M. Inquiry M.	and in my opinion
	icide , Homicide , Undetermined manner	
	CHIEF MEDICAL EXAMINER	
ACTUAL The A O Parada -	A ACCIONANT MEDICAL EVALUATED	DATE SIGNED
SIGNATURE THE TOTAL THE SIGNATURE	M.D.	
EXAMINER'S FLANK J. Bhosche	Address (Street, city, lown, or county)	13-61
220. BURIAL, CREMATION, 22b. DATE THEREOF REMBY 1821(fy) 12/16/1961 Moses	Cemetery Cabin John, Mary	
23. FUNERAL DIRECTO	24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SI	GNATURE
1 MANUIT NOTULE	treet, N. M.DEC 18'61 Carling 8. H	TALLA



MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14116 CERTIFICATE OF DEATH

14084

1.	PLACE OF DEATH   2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission
1	Nortagnery Maryland Many and Montagnery
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL/end give neerest liwin)
-	Takoma Park 14 days Takoma- Park
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE
1	ON A FARM
IÑ	Jashington Sanitarium & ItoSp. 104 (ailbert Street YES NO NAME OF PIET Month Day Year
13	DECEASED OF
	(Typo or print). Walter William Girton DECEMBERTS 1961
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
1/	Tale white widowed December 5, 1909 52 yes. Months Days Hours Min.
1	B. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY
1	land alore Wush, Suh, Suh, Soni farri 110.0
1	FATHER'S NAME CONSISSION 14. MOTHER'S MAIDEN NAME )
	1
-	Harry K. Girton  Was deceased ever in U.S. Armed Forces?   16. Social Security NO.   17. INFORMANT  Address
	es, no, or unkown) ((Ifyes give war or dates of service)
	No. 1 Yas, UN Washington Senitarium and Hospital Kaca
	18. CAUSE OF DEATH (Enter only one cause per'line for (a), (b), and (c).]  (INTERVAL BITWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the lung a metastases 5 w.R.
	DUE TO
	gave rise to immediate cause
	(e), stating the underlying DUE TO
	cause last. (c)
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
1	YES X NO -
E	20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.)
18	OR CONTRIBUTING [] CAUSE OF DEATH   (IF EITHER, NOTIFY MEDICAL EXAMINER)
1	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
MEDIC	Hour e.m. While Not While factory, street, office bldg., etc.)
12	200
	21. I certify that (I) (this hospital) attended the deceased from 19.1, to 19.1, to 19.1, that (I) (we) la
	saw the deceased alive on. Decily, and that death occured above
	22a. SIGNATURE 22b. DATE SIGNE
ı	M.D. PHYS. DIRECTOR PHYS. 12-17-16
L	22c. PHYSICIAN'S 22d. ADDRESS
	NAME (Typo) HBRAHAM WI) ANISH (106 SPRING 17. SUMU Spring had
2	e. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)
1	REMOVAL (Specify) Aec. 18,1961 ROCK CHECK Washington, A.C.
-	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE
2	N. Chamber Cac. 86 55 New Shrufa Md part 18'61 ailing S. Thomas
	A CALL A SERVICE STATE OF THE

etely filled in by the funeral pers. Pages 1 and 2 should 2 hours after death. PACOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the page 4 may be retained by the hospital or attending physician.

C. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c. detely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 2 hours after death. VR A15 (4) 15M 9/60

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# TC COSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the Page 4 may be retained by the hospital or attending physician. IC. CUNERAL DIRECTOR: After this certificate has been signed by the attending physician and explained in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carborn papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, without 2 hours after death.

VR A15 (4) 15M 9/60 MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

4117	CERTIFICATE OF	DEATH

14085

1.	a. COUNTY						ESIDEN	CE (Where d	eceasad livad,		Resident	ce belora a	dmission)
	Montgomery MARY					a. STATE	aryla	and Montgomery					
	b. CITY OR TOWN (if write RURAL and g	outside corporata limi	its,	c. LENGTH OF STA	AY IN 1b	c. CITY O	NWOT S	If outside con	porate limits, w	ite RURAL a	nd give t	nearast tow	/n)
	Bethesda	iva nearasi town)		24 hrs		35 K	ensir	ngton					
-	d. NAME OF HOSPITA	L OR INSTITUTION (	if not in hosp			d. STREET		-6				a. IS RI	ESIDENCE
	Suburba					3822	Law	rence A	lve.			YES T	NO TO
3.	NAME OF DECEASED	First		Middle	"	Lest		4. DATE	Mor	oth	Dey	Yae	-
1	(Type or print)	Bertha		A		Gitting	S	OF DEATH	T De	ec. 24		19	61
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	D   8.	DATE OF BIRT	Н	9	. AGE (In year	IF UNDER		IF UNDER	24 HRS.
	Female	White	WIDOWED		D 🗍	Now.	3. 18	390	71 yrs.	Months	Deys	Hours	MIn.
10 de	a. USUAL OCCUPATIO	N (Giva kind of work	1Db. Kir	ND OF BUSINESS OF	RINDUSTRY				toreign countr	y)   12. C	ITIZEN O	FWHAT	OUNTRY
	0-	-	,	-		Mary	land				U.S	.I.	
13	. FATHER'S NAME					14. MOTHER'S		NAME					
	James	A. Gordo	n			?							
	. WAS DECEASED EVER	IN U.S. ARMED FOR	CES?   16. S	OCIAL SECURITY N	10. 17. IN	IFORMANT	. 8		3809°d	*catur	ATTE		
1,,	as, no, or unkown) (Ify	as giva war or datas of s	arvice)		Mel	vin Rod	eni el	r(enn)	Kensi				
-	18. CAUSE OF DE	ATH (Entar only ona	cause per lin	ne for (e), (b), end (	c).]	VIII 1000	CILCI	1 (3011)	Welloti	و المان ق		ERVAL BET	WEEN
	PART I. DEATH	WAS CAUSED BY:	D	1 10	1/11	1-	16	so to			ON	SET ANDI	DEATH
	420.0 DUE TO Conditions, if any, which 2 (b) Confidence of Services Aldersease Services												
	Conditions if any		/	Motor	MIM	Penter	h	l.N.	( a		1	en	in
	Conditions, if any, gave rise to immediate	(0)	<u></u>	round	on	- Court		reac	are.		1		1
	(a), stating the und	larlying DUE TO											
	causa last,	) (c)							-				
l o	PART II. OTHER S	IGNIFICANT CONDI	TIONS CONT	TRIBUTING TO DEAT	H BUT NOT	RELATED TO T	HE TERMIN	NAL DISEASE	CONDITION G	IVEN IN PAR	RT 1(a) 1	9. WAS A	RMED?
3			De	avere	0/	mell	11	us			Y	res 🗌	NO X
CERTIFICATION	208. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY M	CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY	OCCURED.	(Entar natura of	injury in	Part I or Part I	l of itam 18.)				
3	20c. TIME OF INJURY	Month, Day, Ya		NJURY OCCURRED		E OF INJURY (			y or town)	(Co	unty)		(Stata)
MEDICAL	Hour a.m.	19	Whila at work	Not While at work	facto	ry, straet, offica	bldg., atc	•)		,			
-	p.m.				d from	12/	3 3	1960/ to	17	124 10	1/2/ 11	hat (1) (	una) lan
	21. I certify tha		1	11 / 1				30.	bbea.f.		,		
	saw the deceased	d alive on	·· [··· · · · · · · · · · · · · · · · ·	24.19.41.,	and that	death occur	ed at/.s		n the causes	and on	the da		. DATE
	22a. SIGNATURE	avi	Jul	roller	1.M	ATTENDIN PHYS.		MED. DIRECTOR	STAFF PHYS.			220	SIGNED
	22c. PHYSICIAN'S NAME (Type)	MARVI	NU	VADLE	P	22d. ADD	2/8	WIS	CON81,	VA	Y	BEI	D.
23	a. BURIAL, CREMATIO	N, 236. DATE THE	REOF	23c. NAME OF C	EMETERY O	R CREMATORY		-	ATION (City,				tata)
E	REMOVAL (Specify)	12-27-6	51	Brownsv	ille	Cemet	ery	Br	ownsvi	lle,	Mar	ryhai	nd
24	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS					TRAR   256. F	EGISTRAR'S	SIGNAT	TURE	
	ROBER	T A. PUN	IPHRE'	Y Beth	esda	, Md.	DATOF	2 8 '61	a	alun S.	Trans	8	

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April of the State of the State

KOREKT A. FUMPERSY F Fetherda, MG. . Dest E DE . . .

Market Martine Mary mary ey \$2 3033346 Scharles people 1407 wholes down Clarence Making Human Dec 19 6 Tel 10 1417 45 Minte Negro Mary End Co A. Vincorp legal Earlie Wart Tugen Du Estates for them (mf) 1000 mm md for undien T reliefer representation 1-114/41. Edward S. Witchelling - Fig. & some Co. P. S. Branchelling lakola. men grant S. Etovett, Tr. ETHESE 2 19, 176. 

A COSPILAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a Page 4 may be retained by the hospital or attending physician.

OF UNERAL DIRECTOR: After this certificate has been signed by the attending physician and content of the plant o tours after death.

> VR A15 (4) 15M 9/60

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	14119 CERTIFICA	TIE C	T DEATH		I i who		10	108	7
1.	PLACE OF DEATH	2	USUAL RESIDENCE	CE (Where			sidence	before e	dmission)
	Montgomery MARYLA	IND	Maryland		b. COUN	Mont	gor	nery	
	b. CITY OR TOWN (if outside corporete limits,   c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (II	f outside co	porete limits, write	RURAL end	give ne	erest fow	n)
	olney 53 days	S	Gaithersh	ourg,	X				
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give streef address	s)	d. STREET ADDRESS		1		1		SIDENCE
	Montgomery General Hospital		Rt . Box2	226	Selous			YES V	NO T
3.	NAME OF First Middle		Last	4. DATE	Month		Dey	Yeer	
	(Type or print) Francis Charles Green		English A.	OF DEAT	н 12		2	19	61
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	□   B. D	ATE OF BIRTH		9. AGE (In yeers	IF UNDER 1 Y	EAR	IF UNDER	
	male white WIDOWED DIVORCED	1/	28/1889		7 2 st birthdey)	Months De	ys	Hours	Min.
10	B. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR IN	NDUSTRY	II. BIRTHPLACE (Count	ty & State, o		12. CITIZ	EN OF	WHAT C	OUNTRY?
do	one during most of working tife, even if retired)		Maryland	đ		USA			
13.	FATHER'S NAME	1 14	. MOTHER'S MAIDEN I						
	Irvin Green		Harriett	Lafs	nider				
15.	. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INF	ORMANT		Address		-		
	es, no, or unkown) (Ifyesgivewerordetesofservice)		spital Re	ecord	S				
_	18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).)						INTE	RVAL BET	WEEN
			DIAL I	NT	42T	las	ONS	ET AND	HTAS
	1 41701								
	DUE TO CAROLINA DV	POTE	=Rioscl	ERE	516				
	Conditions, if eny, which gove rise to immediate cause	MIL		21.0	-12		-		-
	(e), steting the underlying DUE TO								
_	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	PUT NOT B	ELATED TO THE TERMIN	IAI DISEAS	E CONDITION GIV	ENLINED ADT 1	(-)   10	. WAS A	LITOPSV
CERTIFICATION	Diabetes Melli	L	A TEN TO THE TERMIN	AWE DISEAS	CONDITION GIV	EN IN PART I		PERFO	RMED?
ICA	1000	TO	J	D . I D .	10 6 14 - 40 3		YI	ES 4	NO [1]
RTIF	200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OF OR CONTRIBUTING   CAUSE OF DEATH	CCURED. (E	nter neture of injury in I	Per I or Per	II of Item IB.)				
	(IF EITHER, NOTIFY MEDICAL EXAMINER)						,		10
MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer   20d. INJURY OCCURRED   2 Hour e.m.   WhileNot While		OF INJURY (Home, ferm street, office bldg., etc.		ity or town)	(Count	λ)		(Stete)
ME	p.m. 19 et work et work	43		1					
	21. I certify that (I) (this hospital) attended the deceased	from	10-10	196.1 to	0.12-2	190	La, th	at (I) (	we) last
	saw the deceased alive on	d that de	ath occured at	0M, fro	m the causes	and on th	e dat	e state	d above
	270. SIGNATURE		ATTENDING A	MED.	STAFF			22b	DATE
	Jack Schumacher	M.D.	PHYS.	DIRECTOR	PHYS.		12.	-3-	6/
	NAME (Type) To ale Sahumaaham		22d. ADDRESS	4+1,00	nelan ne	Md.			
	NAME (Type) Jack Schumacher		ા હા	16110.	rsburg.	Micr •			
23	e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEM	ETERY OR	CREMATORY	23d. LO	CATION (City, to	wn or county)		(5	tete)
	The state of the s	ncol			ladens!				
24	FUNERAL DIRECTOR'S SIGNATURE . ADDRESS	120	Md. 2Sa. REC	D'D BY REGI	STRAR 256. RE			URE	
	Arnest C. Gartner Gaithersou	T.P.	DATE	6. 5.	1 000	in S. M	عسم		

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1/190 CERTIFICATE OF DEATH

- I CO Calot mate	. from hottle list. 1100	0
1. PLACE OF DEATH a. COUNTY	2 USUAL RESIDENCE (Whare dacaasad livad, If Institution, Residence Color	mission)
Montgomery MARYLAND	a. STATE D. C. b. COUNTY	
b. CITY OR TOWN (if outside corporate limits, -1 c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest t	lown)
write RURAL and give nearest fown)	Washington 41X	. 2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address)		RESIDENCE
Schubau Harrital		N A FARM?
3. NAME OF SuburbAH HOSPITAL	13704 MACOMB STREET NW YES	L NO EQ
3. NAME OF DECEASED (Type or print)  The Tank I ames Edward Male	M OF IO	961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	10/1:07	ER 24 HRS.
Male White WIDOWED DIVORCED	12 (C) last birthday) Months Days Hours	-
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTI	Dec. /3 /96/ yrs. 3 RY 11. BIRTHPLACE County & Stata, or foreign country   12. CITIZEN OF WHA	T COUNTRY
dona during most of working life, avan if ratirad)		
3. FATHER'S NAME	MARY LAND U.S.A.	
John William	14. MOTHER'S MAIDEN NAME	
(Unknown) - Greene	Nattalie Patricia Griffith	
5. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (as, no, or unkown)   (Ifyesgiva warordatas of servica)	INFORMANT	
- (A	ospital Record.)	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respilator	1 LIGHT ONSET AN	DEATH
DUE TO O	7 9 2	
Conditions, if any, which ) (b) Superplace has	noldal hemonlugae	
	water nemourage	
(a), stating the underlying DUE TO		
causa last. (c) DUFU / M	uus_	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS	FORMED?
	YES V	NO [
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 2008. ACCIDENT WAS UNDERLYING 2009. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING 2009. ACCIDENT WAS UNDERLYING 2009. DESCRIBE HOW INJURY OCCURED OF CONTRIBUTING 2009.	). (Enter nature of injury in Part I or Part II of itam 18.)	
	CE OF INHIBY (Hand form 1 20) (City or level)	(Cinta)
	ACE OF INJURY (Homa, farm, 20f. (City or town) (County) tory, street, office bldg., atc.)	(Stata)
21. I certify that (I) (this hospital) attended the deceased from.	13 Lee , 19 61, to 13 Dec, 1961, that (1)	(we) last
saw the deceased alive on 13 Dec. 196/, and that	death occured at	ted above
22a. SIGNATURE	2	2b. DATE
MM Matchell	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	SIGNED
	22d. ADDRESS +	
22c. PHYSICIAN'S NAME (Type) RIH MITCHELL MD	8218 Wisconsin Ave Bethes	da Mic
3a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY		(Stata)
Buylar 12-26-61 Parklawn Cel		T. A. E.
The state of the s		
FUNERAL DIRECTOR'S SIGNATURE RODERT A. Pumphrey, ADDRESS Bethesd	o Ma	
	a, Mar 2 8'61 arthur S. Kinns	

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A meta WHATE TO SERVE THE STATE OF THE SERVE OF THE 0.50 183 183 183 183 Mary Mar Surlat w F2-26-ol, Perklasm Semerers Rockville, Marvist tracker A. Jumphrey, Beinesta, St. Marrin Land St. St.

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1.104

0.7				11000
1. PLACE OF DEATH				stitution: Residence before edmission)
Montgomery	MARYLAND	e. STATE Maryland	b. count	tgomerv
b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. LENGTH OF STAY IN 16		outside corporete limits, write	RURAL and give neerest lown)
Bethesda	9 days	12 Kensingto	n	
d. NAME OF HOSPITAL OR INSTITUTION (if not in h	ospilel, give street address)	d. STREET ADDRESS		IS RESIDENCE     ON A FARM?
The Clinical Center. Be	thesda Il. Md.	1821 Flar	ders Avenue	YES NO
3. NAME OF DECEASED	thesda lli, Md.		I. DATE Month	Dey Yeer
(Type or print) Victoria	(No middle name)	Gruver	Decembe	r 24 1961
5. SEX 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED & B.	DATE OF BIRTH	9. AGE (In yeers   I last birthdey)	
Female White widow	WED DIVORCED 5	April 1894	67 yrs.	Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	Y   11. BIRTHPLACE (County	& State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Seamstress Se	elf employed	Pennsylvani	a	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
Daniel Gruver		Katherine S		
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   1 (Yes, no, or unkown)   (Ifyes give wer or detes of service)	6. SOCIAL SECURITY NO. 17. 11	NFORMANT The Me	edical Record	
	Not available T	he Clinical (	Center, Bethes	da lh. Md.
18. CAUSE OF DEATH [Enter only one couse pe			- 0	ONSEL AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ARDIORESPI	IRATORY	ARKEST	SMIN
969				32.13-
Conditions if any subject to	STEOGENIC	CARCOM	A WITH	6 MONTH
geve rise to immediate cause 1	12002/01	3///	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(e), steting the underlying DUE TO	PULMONI	ARY ME	TOSTUSIS	
z PART II. OTHER SIGNIFICANT CONDITIONS CO			L DISEASE CONDITION GIVE	N IN PART 1(e) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS	SHIKIBOTHAG TO DEATH BOT IAO	I KEENTED TO THE TERMINA	RE DISEASE COMMITTION GIVE	PERFORMED?
<b>V</b>	TO COMPANY IN COLUMN IN COLUMN	IF	4 I - B-4 II - Ch 10 1	YES X NO •
OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURED.	, (Enter neture of injury in re	rrior Perrill of fiem (5.)	
0		CE OF INJURY (Home, ferm, ory, street, office bldg., etc.)	20f. (City or lown)	(County) (State)
Hour e.m. WI	hile Not While factor	ory, siteer, office orag., etc.,		
21. I certify that M) (this hospital) atte	ended the deceased from I	ecember 15., 19	61. to.December	21 19.67, that (NY (we) last
saw the deceased alive on December	r. 2419.6], and that	death occured at	.M, from the causes a	and on the date stated above.
220. SIGNATURE	7 , 10.	ATTENDING ME	D. STAFF	22b. DATE SIGNED
of he	July M.	D. PHYS. DIR	ECTOR PHYS.	December 25,1961
22c. PHYSICIAN'S NAME (Aype) J. Kent Trin		22d. ADDRESS The	e Clinical Cen	ter. National
Ment Outer 0 Wello II III	Icla M D			
23e. BURIAL, CREMATION, 23b. DATE THEREOF	kle, M.D.	Institutes	of Health, Be	thesda 14, Md.
PENDVAL (Consider)	kle, M.D.		of Health, Be	thesda 14, Md.
Burial-transit 12-25-61		OR CREMATORY		thesda 14, Md. (Stele)
Burial-transit 12-25-61	St. Mary's	Cemetery 256. REC'E	23d. LOCATION (City, low Hanover Tow By REGISTRAR 25b. REG	n or county)  Md  (Stele)  nship, Penna.  ISTRAR'S SIGNATURE
Burial-transit 12-25-61	St. Mary's	Cemetery 256. REC'E	23d. LOCATION (City, low Hanover Tow By REGISTRAR 25b. REG	n or county)  nship, Penna.

AHOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a. Page 4 may be retained by the hospital or attending physician.

ATUNERAL DIRECTOR: After this certificate has been signed by the attending physician and considered that the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon capers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TOL VR A15 (4) 15M 9/60

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CARDIORESPIRATORY ARREST STAN OSTEOGENIC SARCOMA WITH PULMONARY METASTASIS

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Annual such as the Annual services and the Annual serv

burnal- owners iz-21-61 . St. Mary's Cametery Stanover Township, Tedan.

Betheatla, Ald.

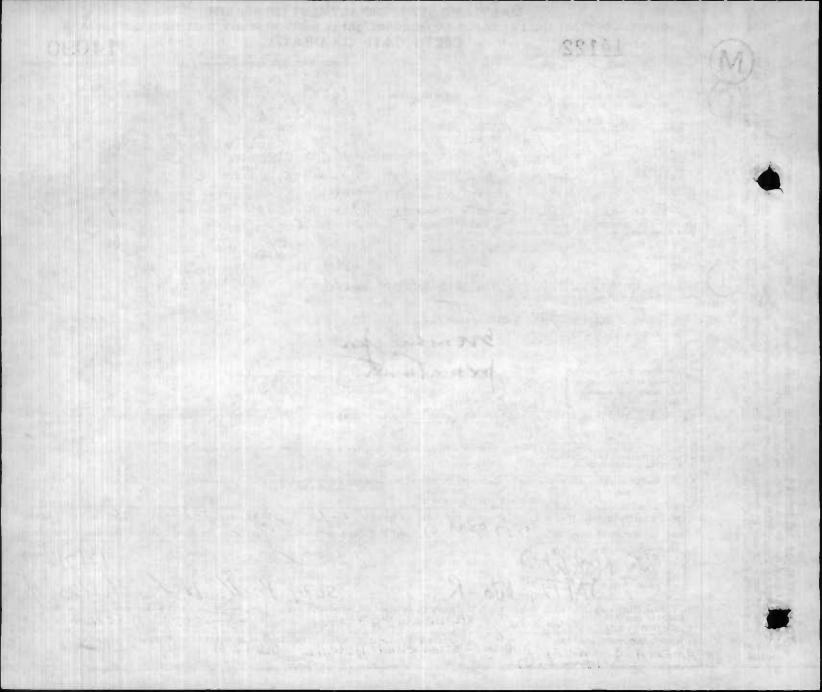
TO ESSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	A of Page 4 may be retained by the hospital or attending physician.	Z TO SUERAL DIRECTOR. After this certificate has been signed by the attending physician and control of the funeral	or director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.	
	15	M S	16	U	

MARYLAND	STATE	DEPARTMENT	OF	HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

14122 CERTIFICATE OF DEATH

The state of the s	17000
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
a. COUNTY TO	a. STATE b. COUNTY
MARYLAND MARYLAND	Mary Kind Mills new
b. CITY OR TOWN (if obtside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and blye nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	12 Rock rep.
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS
di transport transport (il morali mospitali, give sileer address)	ON A FARM?
Introduct Horistal	1231 Blads Line W. YES NO
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) LISA MARIE	GUARDING DEATH December 7 1961
171.072	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH  9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.   last birthday)   Months   Deys   Hours   Min.
FERALE WHITE WIDOWED DIVORCED	DEC 6, 1961 lass birnoay) Months Deys Hours Min.
10a. USUAL OCCUPATION (Giva kind of work   10b. KIND OF BUSINESS OR INDUSTR	Y   11. BIRTHPLACE (County & State, or foraign country)   12. CITIZEN OF WHAT COUNTRY?
dona during most of working life, aven if retired)	1CA.
13. FATHER'S NAME	MARYLAND UST.
13. FAIREKS NAME	14. MOTHER'S MAIDEN NAME
JUSEPH JOHN GUARDING	NAUREEN HOMES CLARK
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address
(Yas, no, or unkown) (Ifyasgivawarordatesofsarvice)	7.000
	MUINTER
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a)	pn
165'5 DUE TO 1	
Conditions, if any, which \ (b) who have	
gave risa to immadiate causa	
(a), stating the underlying DUE TO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	PERFORMED?
[5]	YES NO
208. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURED	. (Entar natura of injury in Part I or Part II of itam 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	
	CE OF INJURY (Homa, farm, ' 20f. (City or town) (County) (Stata)
	CE OF INJURY (Homa, farm, '20f. (City or town) (County) (Stata) ory, streat, office bldg., atc.)
p.m. 19 at work at work	
	12/6 1961, to 12/7 1961, that (I) (we) last
saw the deceased alive on	death occured at
220. SIGNATURE	ATTENDING MED. STAFF (226. DATE
1 1/73 1 XVIII h.D.	D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Typa)	
JAFFE, 1110 N	15019 prince De Willer 1
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY   23d. (OCATION (City, town or county) (State)
REMOVAL (Spacify) (SIBUPBAN) LI	OSPITAL BETHESDA - MARYLAND
CKEMATION 10 4	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
AMELIA C. CARTER ADMIN SUBURBAN	HOSPITAL DEC 12'61 Cillun & Phone
(pli F(B)	
2074295XV2	



STREET, BALTIMORE 1, MARYLAND OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceesed lived, If institution: Residence before admission) a. COUNTY e. STATE MARYLAND b. CITY OR TOWN [if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give negret town) and c. LENGTH OF STAY IN 16 by .57 filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streef address) e. IS RESIDENCE ON A FARM? YES NO NAME OF DECEASED OF (Type or print) DEATH 1961 withi IF UNDER 24 HRS. carbon 5. SEX AGE (In years | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED lest birthdey) and Deys Months Hours WIDOWED physician 12. CITIZEN OF WHAT COUNTRY? ne during most of working life, even if retired lousewi ease attending Then EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (If yes give wer or detes of service) the 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), INTERVAL BETWEEN physician. signed by ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO attending Conditions, if eny, which (b) gava risa to immediate ceuse DUE TO (e), steting the underlying has ceuse lest. the 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) | 19. WAS AUTOPSY certificate the hospital PERFORMED? use as 0 NO [ prior 200. ACCIDENT WAS UNDERLYING A 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) may be retained by the DIRECTOR: After this (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (County) (Stete) Month, Day, Year factory, street, office bldg., etc.) While Not While at work at work Dec. 21. | certify that (I) (this hospital) attended the deceased from plnods on. saw the deceased alive ATTENDING DIRECTOR PHYS. PHYS. h. Page 4 22d. ADDRESS 22c. PHYS CIAN'S director, 23c. NAME OF CEMETERY OR CREMATORY (Stete) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Valley Allegheny Cemetery County, Penna. Burial-transit 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Bethesda, MarylandoATE DEC 6 Chithung S. France 15M 9/60 ROBERT A. PUMPHREY

DEPARTMENT OF HEALTH

- The Francisco Ca 9 Level 61 Jan 1850 100 x 61 10/4/11 5 L. TARE, MP 13,00 GEORGIANS S.L. G. M. north-transferize 12-2-01 Welley Genetary ROBERT A. PURCHERY Detretts, Marviand Pagent

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 3 14124

	PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)					
	ontgomeryu	MARYLAND	Pennsylvania Cumberland					
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		(If outside corporate limits, write RURA	AL and give neerest town)			
B	ethesda	41 days	Shippensh	ourg				
	d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospital, give street address)	d. STREET ADDRESS	75	e. IS RESIDENCE			
T)	he Clinical Center, Beth	esda 14, Md.	Star Rout	4. DATE Month	ON A FARM? YES NO Day Year			
	DECEASED (Type or print)			OF DEATH	10 1-			
E	Walter	Stewart	Hall	December	11 19 61			
٥.	SEX 6. COLOR OR RACE 7. MAN	RRIED NEVER MARRIED	, DATE OF BIRTH	9. AGE (In yeers IF UN lest birthdey) Mon				
1	Male White WIDO	WED DIVORCED N	lovember 1, 1		1110013			
10e do	D. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)	. KIND OF BUSINESS OR INDUSTR			2. CITIZEN OF WHAT COUNTRY?			
	Farmer	Farming		sylvania	U.S.A.			
13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME				
1	William Hall		Gertrude V	lintons				
15.	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.   17.		Medical Records				
(Ye	os, no, or unkown) (If yes give we rordates of service)				1 / W1 3			
			ne Clinical C	Center, Bethesda				
	IB. CAUSE OF DEATH (Enter only one ceuse p PART I. DEATH WAS CAUSED BY:	er line for (a), (b), and (c).]			ONSET AND DEATH			
	, IMMEDIATE CAUSE (e) Pro	bable clostridi	al septicemi	a	? 6-8 hours			
	DUE TO							
		as gangrene of s	crotum and n	erineum	? 1 Day			
	gave rise to immediate cause	re generale or a	CI O'UMI AITA P	CI_IIICUII	ala area			
	(a), steting the underlying DUE TO				1 11			
		ronic lymphocyt			6 Months			
o	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED?			
CATION					YES NO			
CERTIFIC	20e. ACCIDENT WAS UNDERLYING   20b. OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED	. (Enter natura of injury in	Pert I or Part II of item 18.)				
					(6)			
MEDICAL	Hour a.m. W		CE OF INJURY (Home, ferr ory, street, office bldg., etc		(County) (State)			
	21. I certify that M) (this hospital) att	ended the deceased from	ctober 3.L	1961, to December l	19.61 that (1) (we) last			
	saw the deceased alive on December							
	22e. SENATURE	IIII.	deall occured blas	c.s. Dyz z om me caesos ene	22b. DATE			
	Revaid S. The	edersen "		MED. DIRECTOR PHYS. 3	SIGNED SIGNED			
	222. PHYSICIAN'S Edward S. Hene	donson M D	22d. ADDRESS T	he Clinical Center	r. National			
	. NAME (Type) Edward D. Hell	der son M.D.		s of Health, Beth				
23	BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, town or				
	REMOVAL (Spacify)							
	Burial-Transit 12/12			y Shippensburg				
-	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	r	C'D BY REGISTRAR 25b. REGISTRA	AR'S SIGNATURE			
I	Robert A. Pumphrey,	Bethesda, Mar	yland DATE	DEC 15'61 arthu				

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after th. Page 4 may be retained by the hospital or attending physician.

\*\*CUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please remove carbo, papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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Boriel -Transft 29/12/61 Spring Hill Generary Shippenstory, Mennet.

Robert &. Pumphrey, Bethesda, Haryland

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ARYLAND STATE DEPARTMENT OF HEALTH

A COLUMN TO SERVICE YTINGTENSTY IS The state of the s partition in state a set of the contract of the second of the same of the sa

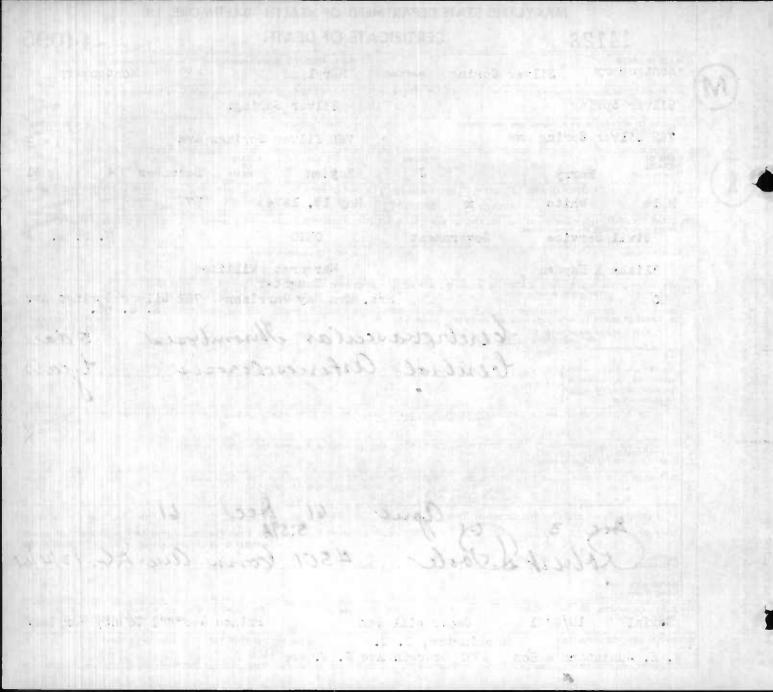
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

14126 CERTIFICATE OF DEATH

Reg. Dist. No.14095

o.Montgomen	* ****		oring MARYLAND	2. USUAL RESIDENCE (V O. Maryland	Vhere deceased	lived. If instituti b. COUNTY		omery			
SILVEL SILVE	If outside corporate lime earest town) Dring	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest tawn)  2 4 Silver Springs							
d. NAME OF HOSPI	d. NAME OF HOSPITAL (If not in hospital, give street oddress)				Spring	s Ave		e. IS RESIDENCE ON A FARM? YES NO			
3. NAME OF DECEASED (Type or print)	Harry		Middle <b>J</b>	lost Ha <b>y</b> den	4. DATE OF DEATH	Decem			Year 19 <b>61</b>		
5. SEX Male	6. COLOR OR RACE White	7. MAR	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH May 19. 187		P. AGE (In years last brothdoy) yrs.	Months Day	-	Min.		
Civil	ON (Give kind of wark king life, even if retired Service	dane 10b.	KIND OF BUSINESS OR INDU	JSTRY 11. 8IRTHPLACE (Stot	e or foreign ca	untry)	12. CITIZEN	S. A			
13. FATHER'S NAME	27 25			14. MOTHER'S MAIDEN				KES.			
ELISNA 15. WAS DECEASED EVE	K Mayden	orea la	ACCULATION NO.	Margaret							
	(If yes, give war or dates of s			s. Eva May Ga		762 S	ilver Sp	rings	Ave		
Canditians, if a gove rise to i couse (a), stating lying cause lost.	mmediate the under-	6	erebral		clere	sis		Tyes	av.		
PART II. OTI	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER/	MINAL DISEASE	CONDITION GIV	/EN IN PART 1(o	PERFO	AUTOPS		
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature af injury in	Part I ar Part	II of item 18.)					
20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Day, Ye	ar 20d. I While of wo	Not while fe	LACE OF INJURY (Home, for actory, street, office bldg., e	rm, 20f. (City	or town)	(Caun	ty)	(State		
21. I certify the alive an ACTUAL SIGNATURE	nat I attended the	decease		1961, to h accurred at 5:57 M.D. 4501				ite stated			
PHYSICIAN'S NAME (Type)											
220. BURIAL, CREMATIC REMOVAL (Specify)		)F	22c. NAME OF CEMETERY C			ON (City, town,		y Mary			
23. FUNERAL DIRECTOR	's SIGNATURE temann & So		hingewa, D. C. 5732 Georgia A	0	EC 6 '6	4	STRAR'S SIGNA				



is nece. Adjusted the second files. for your f etained with may 2 with and pages PM3. along with burial-fransit pencil Office rD. SE Examiner nsed 8 Medical pinous Chief Jease execute the certificate, w 4 should be forwarded to the 5 FUNERAL DIRECTOR: Pa or its designated agent, prior to 40 ö

LAND STATE DEPARTMENT OF HEALTH REET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEAR MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY Montgomery Montgomery MARYLAND b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town! 1 day-9hrs Bethesda Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS Suburban Hospital 4616 Sleaford Road NAME OF Middla 4. DATE Month DECEASED OF (Typa or print) DEATH Pauline E. Hellback Dec. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years I IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthdey) Months Female. WIDOWED X DIVORCED Feb. 28, 1883 yrs. 10a. USUAL OCCUPATION (Giva kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) Housewife Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Zorn Augusta Winkelman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) | (Ifyesgivawarordatesofsarvice) Paula Fowler) daughter ----18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) (a), stating the undarlying cause last. Stelles Toploperative - menting 17 20a. EXTERNAL CAUSE WAS 20. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of itam 18.) PRIMARY | or CONTRIBUTING CAUSE OF DEATH. Month, Day, Year 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, farm, 20f. (City or town) factory, straet, office bldg., atc.) Whila Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER I ACTUAL ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER NAME (Type) Addrass (Streat, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22a, BURIAL, CREMATION, REMOVAL (Specify) Rockville Dec.26,1961 Parklawn Cemetery Burial 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 8434 Georgia Ave., Clothun S. House

Silver Spring, Md.

. IS RESIDENCE ON A FARM?

YES NO TH

19 61

Yaar

Hours

12. CITIZEN OF WHAT COUNTRY?

same as above

INTERVAL BETWEEN ONSET AND DEATH

> WAS AUTOPSY PERFORMED?

NO F

(Stata)

DATE SIGNED

(Stete)

Md.

PATEC 2 8 '61

Sieldas

U.S.A.

VS. A15ME 5M 9/60

E. Pumphrey

MARKET AND HORE-TALL I Is in dil merenoc Same of amount of the action to office of the second of the se . Att a liveball distilla

VR A1S (4)

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1/100

CERTIFICATE OF DEATH

12140		17001
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decease	sed lived, If institution, Residence before edmission)
Montonery MARYLAND	Mary land	6. county routes.
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b		limits, write RURAL end give neerest town)
Clarkstrucg - RFD 10 20	XC Sarbsbusses	- RED
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
		YES NO
3. NAME OF First Middle	Las! 4. DATE	Month Day Yeer
(Type or print) Edillard Ostorno N	EUCOLA OL DEATH	Dec 10 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8		GE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
W - W WIDOWED DIVORCED □	Mcerel 5-1876	st birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	Y 11. BIRTHPLACE (County & State, or fore	ign country) 12. CITIZEN OF WHAT COUNTRY?
Farm. hatora	May Jana.	45
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Edward C. Henderson	Susana 2. Vh	ompsou
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT	Addréss 1
Mrs	Trollagett, Cla	ekslug-Md 15 L1)
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  Roule  Cor	issative Itea	it hour
It 20 A DUE TO Freelings		
Conditions, if eny, which (b)	alenti 74	east years
geve rise to immediate cause	- ca a ca si	1
(e), steting the underlying Cause last.	,	
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(e)   19. WAS AUTOPSY
2 projetts. Welliter		PERFORMED?
200. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in Pert I or Pert II of	YES NO 4
OR CONTRIBUTING _ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	, [Enter neture of inquiry in Pett I of Pett II of I	19 (0.)
	CE OF INJURY (Home, farm, 20f. (City or	town) (County) (State)
Hour a.m. While Not While et work et work	ory, street, office bldg., etc.)	
21. I certify that (I) (this hospital) attended the deceased from	7el-1 195/ 10/	2 -/e , 196 /, that (1) (we) last
saw the deceased alive on Sept. 14 196/, and that	1/ (	e causes and on the date stated above.
220 SIGNATURE		22b. DATE STAFF SIGNED
Jack Themacher M	DINCE TO DIRECTOR	PHYS. [] 12-11-61
Zzc. HYSICIAN'S	22d. ADDRESS	1
NAME (TYPE) ACK SCHUMACHER	GAITHERSBU	RG $M.D.$
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATIO	ON (Sity town or county) (State)
Buse 12/12/61 St. Mare	18 Rocku	ille ma
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAL	R 256. REGISTRAR'S SIGNATURE
78/illiain B to the Brungasillo.	200 DATE DEC 1 8 '61	Chilling S. Thomas

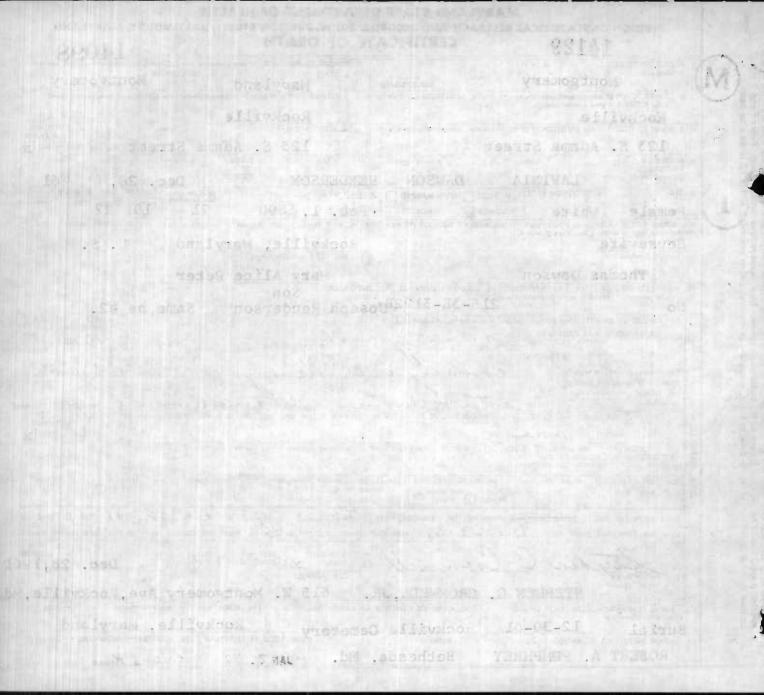
Elward October Headle the Per Dec 10 X The second of 2 1 - 3 3 4 7 7 7 7 7 Florand C. Head have a Brancis To War and David The Solleget Westerngelle Malleyn B. Helley Bernwich , Splan . Estan TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after this. Page 4 may be retained by the hospital or attending physician.

\*\*CUNERAL DIRECTOR: After this certificate has been signed by the attending physician and a spent place of the funeral circular and a should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 1SM 7/61

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

141	29	CERTIFICA	IE OF DEAT	П		1400	9			
1. PLACE OF DEATH			2. USUAL RESIDEN	CE (Where decessed		Residence befo	ore edmission)			
a. COUNTY Montg	omerv	MARYLAND	Maryland b. COUNTY Montgomery							
b. CITY OR TOWN (if outside or write RURAL and give neare	orporate limits,   c.	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
Rockville	isi lown/		// Rockville							
d, NAME OF HOSPITAL OR INS	STITUTION (if not in hospital,	give street address)	d. STREET ADDRESS				S RESIDENCE ON A FARM?			
123 S. Ada	ms Street		123	S. Adams	Street		□ NO □			
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day	Year			
(Type or print)	AVINIA	DAWSON I	HENDERSON	DEATH	Dec. 2		1961			
5. SEX 6. COLO	OR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE	(in years   IF UNDER					
Female Whi	te WIDOWED	DIVORCED [	Feb. 1, 189	90 7.	1 yrs. Months	Day Hour	rs Min.			
10a, USUAL OCCUPATION (Give done during most of working life,	kind of work 10b. KIND (	OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Cour	ity & State, or foreign	country) 12. C	ITIZEN OF WHA	AT COUNTRY?			
Housewife			Rockville	. Maryla	ind	U.S.				
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME						
Thomas D	awson		Mary A	lice Pet	er					
15. WAS DECEASED EVER IN U.S. (Yes, no, or unkown)   (Ifyesgive w		IAL SECURITY NO. 17.	INFORMANT SOT		Address					
No	215-	-38-3122B <sub>J</sub>	seph Hende	rson	Same as	#2.				
18. CAUSE OF DEATH (En	nter only one cause per line fo	or (a), (b), and (c).]				INTERVAL ONSET A	BETWEEN ND DEATH			
PART I. DEATH WAS CA	AUSED BY:	an and	column	-01		100				
4.30	DUE TO			70						
Conditions, if any, which	(b) con	and the second	au Mini			541	una /			
gave rise to immediate cause		my no	suggestes.	ry		1				
(e), stating the underlying cause last.	DUE TO	· select	to cardin	0	Mina	1 54	19101			
	ANT CONDITIONS CONTRIB	UTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE CONDI	TION GIVEN IN PA		AS AUTOPSY			
6	None					YES	REFORMED?			
20a, ACCIDENT WAS UNDER		F HOW INJURY OCCURE	D. (Enter nature of injury in	Part I or Pert II of iter	n 18.)	1120	J LAC			
PART II. OTHER SIGNIFIC.  PART II. OTHER SIGNIFIC.  20a. ACCIDENT WAS UNDER  OR CONTRIBUTING CAUSE  URE THER, NOTIFY MEDICAL	OF DEATH	211011 1110111 000011								
		RY OCCURRED   20e, PL	ACE OF INJURY (Home, farr	m, ! 20f. (City or toy	vn) (Co	ounty)	(State)			
20c. TIME OF INJURY Mo	While	THOI WILLIAM	ctory, street, office bldg., etc	.)						
The second second	.,	et work	M.L. 3-	1057	2 5- 1	061 4-16	() (>-) last			
21. I certify that (I) (										
saw the deceased alive	on Dille	219(e./, and the	t death occured at.7	A.M. from the	causes and on		22b. DATE			
22a. SIGNATURE	n G Go	mwell	M.D. PHYS.		AFF YS.		28,1961			
22c. PHYSICIAN'S NAME (Type)			22d. ADDRESS							
	TEPHEN C. C	ROMWELL, JE	615 W.	Montgom						
23a. BURIAL, CREMATION, 23b. REMOVAL (Specify)	. DATE THEREOF 23	C. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	(City, town or cou	nty)	(State)			
	2-30-61 R	ockville	Cemetery	Rocky	ville, M	arylan	d			
24 FUNERAL DIRECTOR'S SIGNA		ADDRESS	25a. RE	C'D BY REGISTRAR	25b. REGISTRAR'S	S SIGNATURE				
ROBERT A.	PUMPHREY	Bethesda	Md. DATEA	2 '62	Cuming P	Krong				



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the Page 4 may be retained by the hospital or attending physician.

\*\*CUNERAL DIRECTOR: After this certificate has been signed by the attending physician and eletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon, papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

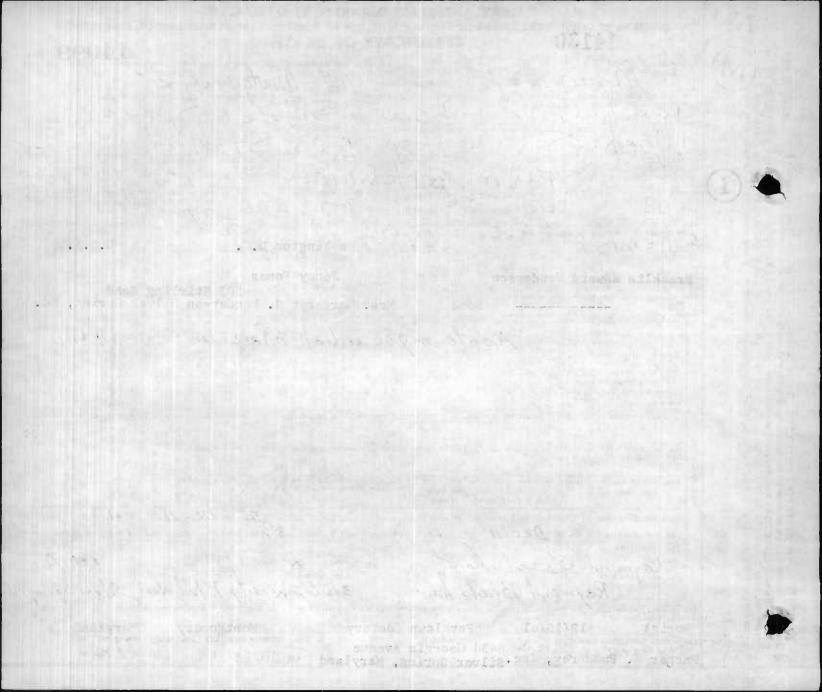
MARYLAND	STATE	DEPARTME	NT OF	HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

14130

CERTIFICATE OF DEATH

77700	GENTINGATI	oi blaiii		14099
1. PLACE OF DEATH  o. COUNTY	7	2. USUAL RESIDENCE (Whe		Residence before edmission)
MONTONER	4 MARYLAND	MA - MINTO	ame Ry	
b. CITY OR TOWN (if outside corporete limits, write RURAL end give newest (pan)	c. LENGTH OF STAY IN 16		corporete limes, write RURAL e	nd give neerest town)
	53 mil	205, 1000	SAR	1119
d. NAME OF HOSPITAL OR INSTITUTION (IF no	t in hospifal, give street Address	d. STREET ADDRESS	pri	. IS RESIDENCE
11/2:06	S/ Ja Cara	1-63	Link	ON A FARM?
vush. SAN	A 4026,	5033	TIRIINGI	V CA   YES   NO
3. NAME OF First DECEASED	Middle	Last 4. DA		Dey Year
(Type or print)	ley solten	derson DE	ATH /2-	196/
5. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED B.	DATE OF BIRTH	9. AGE (In years   IF UNDER	
	IDOWED DIVORCED	9-23-02	last birthdey) Months	Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work	100 KIND OF BUSINESS OR INDUSTRY	Y   11. BIRTHPLACE (County & Stat	e, or foreign country)   12. Cl	TIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	LOUT BYRANTIA	<b>5</b>		
13. FATHER'S NAME	Office	Washington D.C.	•	U.S.A.
13. PATRICK 3 NAME		14. MOTHER'S MAIDEN NAME		
Franklin Edward Henders		Jenny Fones		
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown)   (Ifyesgive werordates of service)	and I		503 Stiffling Ro	pad
No	None Mrs	. Margaret S. He	nderson Silver	Spring, Md.
18. CAUSE OF DEATH [Enter only one ceu	se per line for (a), (b), end (c).)		1	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Acute myoc	andial intar	tion	ONSET AND DEATH
IMMEDIATE CAUSE (0)	Teale myse	araidi midi	CLION	1-1001
DUE TO				
Conditions, if eny, which (b)				
geve rise to Immediate cause (e), stating the underlying DUE TO				
ceuse lest. (c)				
PART IF. OTHER SEGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PAI	
PART IF. OTHER SIGNIFICANT CONDITION  ZDe. ACCIDENT WAS UNDERLYING 2  OR CONTRIBUTING CAUSE OF DEATH  If IF ITHER, NOTIFY MEDICAL EXAMINER)				PERFORMED?
2De. ACCIDENT WAS UNDERLYING   2D	b. DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in Pert I or	Pert II of item 1B.)	
OP CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
		os os billion fil	160	46
20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. 19		CE OF INJURY (Home, farm, 2Df. pry, street, office bldg., etc.)	(City or town) (Co	unty) (Stete)
p.m. 19	et work et work			
21. I certify that (I) (this hospital)	attended the deceased from	19.55	to Dec 11 19	4/ that (1) (we) last
saw the deceased alive on Dec	1941, and that	death occured at 8 5M	from the causes and on	the date stated above.
22e. SIGNATURE		The second of th		22b. DATE
03.	0.0	D. PHYS. ATTENDING MED.	STAFF PHYS.	SIGNED
22c. PHYSICIAN'S	Shaw M.	22d. ADDRESS	/ / ///	12/11/61
NAME (Type)	3 - 1 - 1	245// 2000	+ RI Julat	Cilvar Cal WM
1 Naymona 1	rads haw	JAS ONIVEYSI	y DIVA, West,	חוות ביות ביות וור
236. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23d.	LOCATION (City, town or coul	nty) (Stete)
Burial 12/15/61	Parklawn Cemt	ery Mo	ntgomery Ma	aryland
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25e. REC'D BY R	EGISTRAR 256. REGISTRAR'S	
Warner E. Pumphrey, Inc	8434 Georgia Aven Silver Spring, Ma	ryland DATE DEC 1	5 '61 Cully	S. Krane
margar me rampural and	- STINGL Shiring* Lis	Lyrand		



	1
I. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after 4 may be retained by the hospital or attending physician.	L. DIRECTOR: After this certificate has been signed by the attending physician and deletely filled in by the funeral ends should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
requires that the physician.	gned by the atten isit permit. Then ion, or removal, a
I; The law or aftending	has been si ne burial-tran urial, cremat
PHYSICIAN	his certificate for use as th th prior to b
A ATTENDING y be retained by	RECTOR: After thould be detached tate Dept. of Heal
L OI	L DII

VR' A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 14131

1. PLACE OF DEATH	U A		2. USUAL RESIDENCE (Whare dacaasad lived, If institution: Rasidanca bafora admission)							
		20000000000	a. STATE Virginia b. COUNTY Warren							
Montgomery	outside corporata limits.	MARYLAND c. LENGTH OF STAY IN 1b								
Bethesda										
	LOB INSTITUTION CO.	27 days	Front Royal 83x·3							
	L OR INSTITUTION (if not in hos		d. STREET ADDRESS		e. 15 RESIDENCE ON A FARM?					
	al Center, Beth	nesda 14, Md.	13 Cher	rywood Apartme	nts YES NO					
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Yeer					
(Typa or print)	Helen	Agatha	Henry	DEATH Decem	ber 5 1967					
5. SEX	6. COLOR OR RACE 7. MARRIE	D X NEVER MARRIED B	. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.					
Female	White WIDOWE		March 29, 1	last birthday)	Months Days Hours Min.					
10a. USUAL OCCUPATIO	N (Give kind of work   10b. K	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cour	nty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?					
Housewife		200	Virginia		U.S.A.					
13. FATHER'S NAME	1110	one	14. MOTHER'S MAIDEN		1 0.0.11.					
Charles F.	Carbaugh		Virginia	Lemley						
15. WAS DECEASED EVER	IN U.S. ARMED FORCES?   16.	SOCIAL SECURITY NO.   17.	NFORMANT The	Medical Record	ALVIII REPORTED IN					
NO NO	esgiva war or dates of sarvice) 2			enter, Bethesda						
18. CAUSE OF DE.	ATH [Enter only ona causa per li	ina for (e), (b), and (c).]	- LIMILOULE OC	iroci , be oiles da	INTERVAL BETWEEN					
	WAS CAUSED BY: Pro	obable septicer	nia		ONSET AND DEATH					
100				th hepatomegaly	, (7800					
1	e and	ams) and splend								
Conditions, if any, gava risa to immediate	(0)	ame \ and shrend	megary (323	grams)	3 months					
(a), stating the und	DITE TO									
causa last.	) (c)									
PART II. OTHER S	SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?					
N N N N N N N N N N N N N N N N N N N					YES X NO					
PART II. OTHER S	CAUSE OF DEATH	CRIBE HOW INJURY OCCURED	, (Entar natura of injury in	Pert I or Part II of itam 18.)						
3 20c. TIME OF INJURY	Month, Day, Year   20d.	INJURY OCCURRED   20e. PLA	CE OF INJURY (Homa, farr	n, 20f. (City or town)	(County) (Stata)					
20c. TIME OF INJURY Hour a.m. p.m.	While 19 at worl		ory, straet, offica bldg., etc	.)						
-		ded the deceased from	Nov 8	19 67 to Dos "	, 19.67, that (N) (we) last					
saw the deceased		1961 and that	death occurred 10	:15 PMm the causes	and on the date stated above.					
22a. SIGNATURE	d dil 70 Oil	, and mar	dodin occured dr	an, nom me causes i	22b. DATE					
	W Me ans	mod	A11110	MED. STAFF PHYS.	December 6, 1961					
230. PHYSICIAN'S	is Hugun	M.			iter, the National					
NAME (Type)	J. David Heywo	ood, M.D.			thesda 14, Md.					
23a. BURIAL, CREMATIO	N, 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, tow						
Burial-tra	ansit 12-8-61	Prospect F	Hill Cem.	Front Royal	L, Virginia.					
24 FUNERAL DIRECTOR'S		ADDRESS )		C'D BY REGISTRAR 256. REG						
Partales		1. 10014	PLENE WODATE	C 8 '61 Que	hun S. France					
KOUPLE A	PumphreyenBle	Cuedada Tlairy	EGIMO PAINE	u o o l C.u	MIT A. I CRAWS					

A THE RESERVE TO THE PARTY OF T

THE SALE SALE SALES SECTION CONTRACTOR OF SALES

Looker's tudoites inderegnal lityrahild

Surfar-transit, J-8-51 Prospect til sem. Front dord, Virginas.

So - Si- Was the Walter Joseph Teller III.

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Minus I Law | (See Youth a SE) | Law account of the Const.

AREA, O THE SOUTH OF THE MANUEL STATES Headland and terror the marlo and

Therefore of Children added to ceruffrant

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 per retained by the haspital or attending physicion.

The NERAL DIRECTOR: After this certificate has been signed by the attending physician and camplete. The function director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers.

VS A15 (4) 15M 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		1700			CLKII		716	010	-711	•		Reg. D	ist. No	140	1.4
UP SUI	NTY .	cademy, Bet	hesd	Cacin	,	YLAND		CTATE	nce (wi		d lived. If instituti b. COUNTY	10.0		mery	
b. CITY	OR TOWN ( L and give n	If autside carporate fim earest tawn)	its,/write	c. LENGT	thorstay  3 year		X	. CITY OR TO	WN (If c	outside carpo	rate limits, write R	URAL and	give ned	arest low	n)
_OR IN	NOITUTION	TAL (If not in hospitol, Academy Fo.		100				d. STREET AD		st Lane	е				FARM?
3. NAME C DECEASI (Type or			s Sar <b>a</b> h		Middle		Erl	ness		4. DATE OF DEATH	Decembe	er	28	,	Year 19 61
5. SEX	'emale	6. COLOR OR RACE white	7. MARE		DIVORCE		B. DA	TE OF BIRTH April	2	1879	9. AGE (In years last birthdoy) yrs.	Manths Manths	R 1 YEAR Days	Haurs	Min.
during	mack of wor	ON (Give kind of work king life even if reticed S OF THE U	1)			OR INDU	STRY			or foreign co Lphia	Pa.	12. C		F WHAT	COUNTRY
13. FATHER	'S NAME						14.	MOTHER'S A	AAIDEN N	AME					
J	ames H	Erkness						San	rah S	Strain					
		R IN U. S. ARMED FOI		SOCIAL SI	ECURITY NO	). 17, 1	NFOR	MANT			Add	ress			
(Yes, no. or ur	nknown)	(If yes, give war or dates of	retaice	nor	ne	Re	2001	rds of	Ilrsi	iline	Academy I	Rethe	sda	14. M	arvla
C and gave cause	ditions, if a rise to i	mmediate Dus 70		CITAUIT	ecu	16	_	TOKE		COL ILLE	THON	E PSE	250	I LO	CALLY
CATION	CCIDENT W	HER SIGNIFICANT CON	NEI	PLA	UT	7.5	TONT	RELATED TO 1	HE TERMI	777	CONDITION GIVE	EN IN PA	RT 1(a) 1	9. WAS PERFO YES	PRMED?
200. At OR CO (IF EITH	HER, NOTIFY	MEDICAL EXAMINER)			N			A /	1	9					
	ME OF INJUI	RY Manth, Day, Ye	20d. II While of war		while	20 PL	ACE C	PINJURY (H street, affice	ame, farm bldg., etc	n, 20f. (City	ar lawn)		(County)		(Stote)
alive ACTUA SIGNA PHYSK	on	charles J.	deceas , 12	Sai	ond that	death	M.D.	4890		address (settery	the causes of treel, city or lawn, Lane Betl	and an state)	the da	te state	deceased ed abave ATE SIGNED 28/61
22q. BURIA		ON, 226. DATE THERE			ME OF CEN	METERY O	-			7	TION (City, lawn,			(Stat	te)
23. FUNERA	Sal DIRECTOR	S.SIGNATURE	475	ADD	RESS 4-57	-1	1	1/		D BY REGIST	RAR 24b. REGI	STRAR'S S	IGNATU	RE	

4 6 2 2 A THE RESIDENCE AND A STATE OF THE PARTY OF and the same of the last two many of the first that the same of th a o 6 and demonstrate the description of the control of the second state of the control of the second state of t THE PROPERTY OF THE ADMINISTRATION OF THE PROPERTY OF THE PROP

VR A1S (4) 15M 9/S9

Approved

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Notified

Coroner

1/1122

# MARYLAND STATE DEPARTMENT OF HEALTH

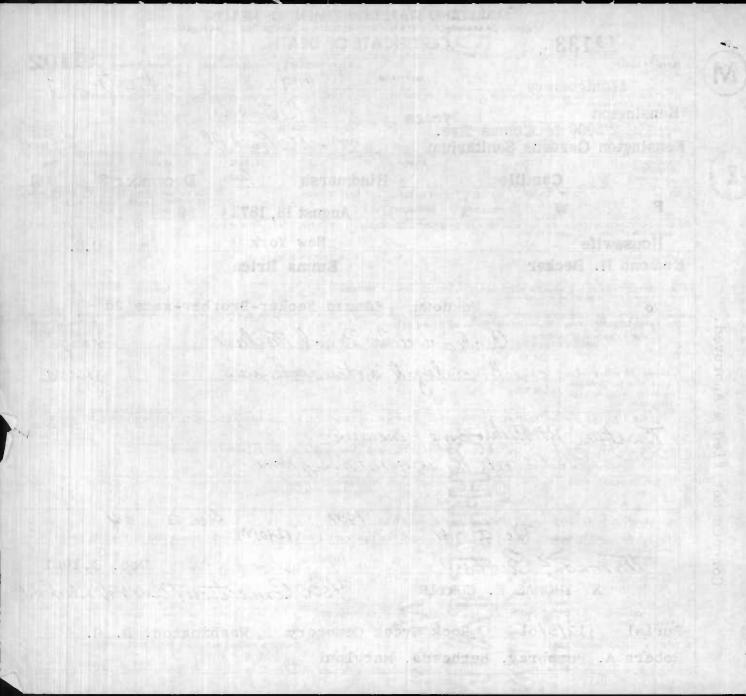
DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CEPTIFICATE OF DEATH

7.3700	CERTITICA	IL OI DEATH		0.0
1. PLACE OF DEATH			ere deceased lived. If institutio	n: Residence before admission)
o. COUNTY	MARYLAND	o. STATE Mad	b. COUNTY	montgomery
b. CITY OR TOWN (If autside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utsjde corporate limits, write RL	JRAL and give nearest town
RURAL and give nearest tawn)	0.11	111 Bit	hesda	
Kensington	3#ears	Id. STREET ADDRESS	resair	e. IS RESIDENCE
d. NAME OF HOSPITS 1000 in MPCCOTTIZE		1-11 14 4	1 100	ON A FARM?
Kensington Gardens San	itarium	7816 strate	and Ix.	YES NO K
3. NAME OF First DECEASED	Middle	Last	4. DATE Mont	h Day Year
(Type or print) Camille	Hi	ndmarsh		mber 3 1961
S. SEX 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
F W WIDOW		August 18.	1872 lost birthdoy) 89 yrs.	Months Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b.				12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired)		New You		
Housewife				U.S.
Edmond H. Becker		Emma B		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	FORMANT	Addre	BSS
(Yes, no, or unknown) (If yes, give war or dates of service)	Unknown Ed	lmund Recker	r-Brother-sa	me 2d
		Midild Decker	-DIOCHEI-GU	
18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED 8Y:	ne for (o), (b), and (c).	7 04	0.	ONSET AND DEATH
IMMEDIATE CAUSE (a)	accorascular	Kenal Fa	cleure	4days
450.0 DUE TO	1 1	, 0	,	
Conditions, if any, which ) (b)	moralized a	atores selen	aslo	years.
gove rise to immediate DUE TO				0
lying cause lost.				
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	EN IN PART 1(a) 19. WAS AUTOPSY
F L OLD !	. 0	/		PERFORMED?
20a. ACCIDENT WAS UNDERLYING   20b. DES	COURS HOW IN THINK OCCUPATION		test Lon Post II of Store 10 )	YES NO V
OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRED	10 /1		
	Nov. 25, 196/a			
	fact	CE OF INJURY (Home, farm, tory, street, office bldg., etc.	20f. (City ar tawn)	(Caunty) (State)
Hour a.m. P. m. 19 While at wor	1401 WILLE	, or , , or , or , or , or , or , or ,		
21. I certify that (I) (this haspital) attend	dad the deceased from	1951 19	to Dec 3	, 19_6/, that (I) (we) last
1			A 24	
saw the deceased alive an 22a. SIGNATURE	and that de	eath accurred at	Mirrom the causes and	d an the date stated above.
11- 90	+:	ATTENDING ME	D. STAFF	_ SIGNED
22c. PHYSICIAN'S	ru x	A.D. PHYS. DII	RECTOR PHYS.	Dec. 3,1961
NAME (Type) X THOMAS E.	CURTIN	4600 Cor	mecticut a	MEN. Wash D.E.
23o. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OF	CPEMATORY	23d. LOCATION (City, town, a	r county) (State)
Burial 12/5/61	Rock Creek			
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	والمساور والمتحدد والمتحدد والمتحدد	Washington BY REGISTRAR 25b. REGIS	TRAR'S SIGNATURE
			C E 101	Ilun 8 H

arthur S. Krave

Robert A. Pumphrey, Bethesda, Maryland



# HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the page 4 may be retained by the hospital or attending physician. OFUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hours after deather.

VR A15 (4) 15M 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14134 CERTIFICATE OF DEATH
14103

	44407		
V	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Res	idence before admission)
N	e. COUNTY	a. STATE b. COUNTY	17
Л	Maryland Maryland	Maryland tring	19867 (63
	b. CITY OR TOWN (if outside corporale limits, c. LENGTH OF STAY IN 1b write RURAL and give perest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end g	ive neerest town)
		Hyatsville 163	21.7
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	a. IS RESIDENCE
П	d. 147/16 of 1103/17/6 ok 1143/110/10/14 (ii noi til nospilai, give sireet address)	G. STREET ADDRESS	ON A FARM?
Ц	Washington Sant Hospital	1424 University Blvd.	YES NO X
П	3. NAME OF First Middle	Last 4. DATE Month	Day Year
	(Type or print)	11. CO DEATH Dec	1 / /
	24(00)	rett man	1 196/
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YE lest birthdey)  Months   De	
а	Male White WIDOWED   DIVORCED	5-27-95- (6 yrs. Months De	ys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR		N OF WHAT COUNTRY?
	done during most of working life, even if retired)	U	c ^
	Ketived Auto Salesman	Maryland U	). H,
9	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	George Hoffman	Anna Kaalan	
		Hnna Naplan  NFORMANT  Address	
	(Yas, no, or unkown) [(Ifyes give war or dates of service)]		
	VES Army W.W. I. 369-01-3151	Hospital Kecords.	
	18. CAUSE OF DEATH (Enter only one ceuse per line for (e), (b), and (c).]		INTERVAL BETWEEN
Н	PART I. DEATH WAS CAUSED BY:	1. TNERDOWN !	ONSET AND DEATH
	IMMEDIATE CAUSE (e) MYO CAR-S	182 7101 184 010N	20045
	DUE TO	0	2-4 YRS
	Conditions, if any, which (b) ANGINA	ECTURIS	3 7 123
	geve rise to immadiate cause		-1.
	(a), stering the underlying	2:ED ARTERIOSCLERUSIS	5-64RS
П	cause lest. (c)		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	e) 19. WAS AUTOPSY PERFORMED?
٩	DIDBUTTET MAZEITU	IS & CHRONIC BRONCHITIS	YES NO THE
		(Enter neture of injury in Pert I or Pert II of item 18.)	
	OR CONTRIBUTING CAUSE OF DEATH		
9	(6-14	CE OF INJURY (Home, ferm, 20f. (City or town) (County ory, street, office bldg., etc.)	/) (State)
	Hour a.m.  While Not While fect at work at work	ory, sneed, office ordgr, etc.)	
		allo A idal 121, who	1. (0)
	21. I certify that (I) (this hospital) attended the deceased from		./, that (I) (we) last
	saw the deceased alive on	death occured distribution the causes and on the	date stated above.
П	22e. SIGNATURE		22b. DATE
	(Yun policillar)	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	SIGNED
Н	22c. PHYSICIANS	DIRECTOR PHYS.	
	NAME (Type)	1352 UNIVERSITY BLAS	
	MARULA CERNIC.	MARTISUNG AL	3
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county)	(Sigle)
	REMOVAL (Specify) 12-14-61 1157: LEE BA	MAN CONFERENCE	170
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	SNATURE
3	Stylkler Terresol Hona 4217- 9th 04	D. CDATE DEC 5 '61   Coulum S.	Traus

11/2

of the second (M) The state of t SERVICE THE PARTY OF THE SERVICE OF THE RESIDENCE OF THE PARTY OF T RISERSES STORESTON STREET, SALLY STREET, SECURIOR THE RESERVE OF THE PARTY OF THE BORGE DE U-GI PET LEGARDRESTERY BYRTSWILLE STATE OF STREET The transfer of the state of th

cian and pletely filled in by the funeral ove carbon papers. Pages 1 and 2 should event, within 72 hours after death. executed within 24 hours after AHOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be sath. Page 4 may be retained by the hospital or attending physician.
FRUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please-regiove carbibe filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, will

> VR A15 (4) 15M 9/60

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

14135 CERTIFICATE OF DEATH

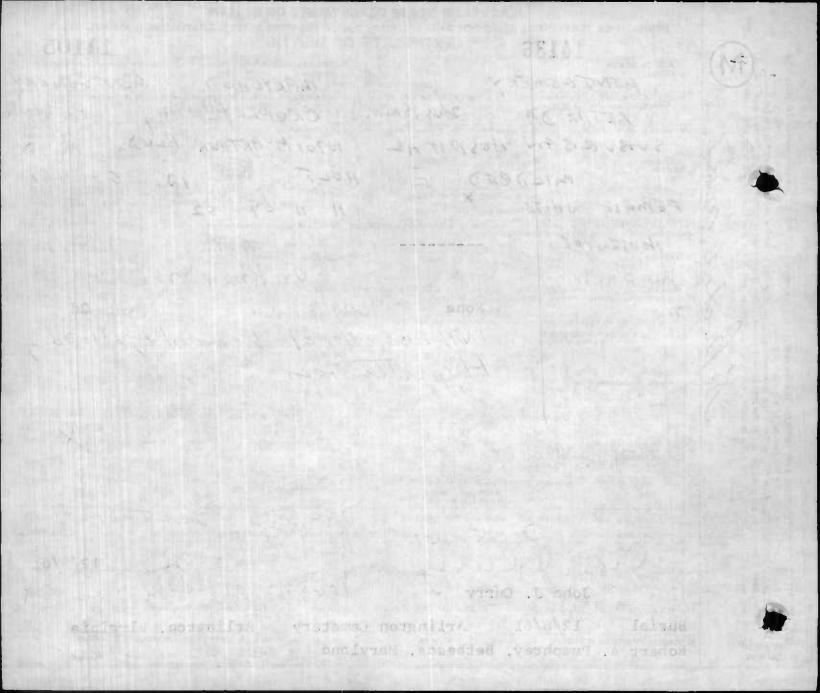
14104

1. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Montgomery MARYLAND	a. STATE Georgia b. COUNTY
b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest lown)
Bethesda 9 Days	Atlanta 49X-3
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS  a. IS RESIDENCE ON A FARM?
The Clinical Center, Bethesda 14, Md.	1599 Sandtown Road South West YES NO 5
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer OF
	Lcombe December 23, 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3	DATE OF BIRTH  9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. last birth day)  Months   Days   Hours   Min.
	November 13, 1955 6 yrs.   1955   195
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retirad)	11. BIRTHPLACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY?
Child	Georgia U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Leonard Eugene Holcombe	Beverly Lee McKenzie
	INFORMANT Address
None	The Medical Records
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	ne Clinical Center, Bethesda ll, Maryland
PART I. DEATH WAS CAUSED BY:  AMMEDIATE CAUSE (a)  Pneumonia	ONSET AND DEATH 1 Year
S DUE TO	
Conditions, if eny, which (b) Cystic Fibrosis	6 Years
geve rise to immediate cause	0.10020
(a), stating the underlying DUE TO	
(c)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
O C C C C C C C C C C C C C C C C C C C	PERFORMED?
20a. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCURED	YES NO 3
OR CONTRIBUTING CAUSE OF DEATH OF (IF EITHER, NOTIFY MEDICAL EXAMINER)	. Letter heads of many in ran to ran it of new 10.7
Hour a.m. While Not While fact	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) lory, streat, office bldg., etc.)
	December 11, co 61 December 22, 61
	December 11, 19 61 to December 23961, that (I) (we) last
	death occured al.2.:00 Plybm the causes and on the date stated above.
William O. Janes M	ATTENDING MED. STAFF PHYS. TO 12-23-61
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS The Clinical Center, National
William O. Jones M.D.	Institutes Of Health, Bethesda 14, Md.
238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
Removal 12/23/61	Atlanta, Georgia
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
The S.H. Hines Co. 2901 14th St., I	DATEDEC 2 7 '61 Circles S. Thomas

to Times of The Control of the Contr ~ 000 William O Jose See Mintel College, bell but ais well, ornels 

**DIVISION OF STATISTICAL RESEARCH** STON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14136 funeral within 24 hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission e. COUNTY the 12 MARYLAND and b. CITY OR TOWN (if outside corporete limits outside corporate limits, white RURAL and give neerest town c. LENGTH OF STAY IN 16 þ write RURAL end give neerest town 25 min filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress . IS RESIDENCE ON A FARM? YES NO NAME OF DECEASED OF 61 (Type or print) DEATH 6 19 carbon with AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE 0 NEVER MARRIED last birthday) and Months Devs Hours DIVORCED physician remove IDe. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, eyen if retired) HOUSENIFE 13. FATHER'S NAME please .= death aftending and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then (Yes, no, or unkown) | (Ifyesgive werordates of service) None The law requires that the permit. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), r attending physician. has been signed by the ONSET AND DEATH 5 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) cremation, the burial-transit DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), stetling the underlying 9 cause lest. bur PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)) 19. WAS AUTOPSY certificate CERTIFICATION hospital PERFORMED? 92 NO use prior 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH the may be retained by the DIRECTOR: After this 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) be retained by 20c. TIME OF INJURY Month, Dey, Yeer fectory, street, office bldg., etc.) While Not While Hour e.m. at work at work p.m. 2. July 19.62. (that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from... to..... D.M. pluods from the causes and on the date stated above. and that death occured at saw the deceased alive on.. DATE 220. SIGNATURE SIGNED DIRECTOR PHYS. 6 PHYS. M.D. h. Page 4 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) John 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) Burial Arlington Cemetery Arlington. H 256. REGISTRAR'S SIGNATURE 2Se. REC'D BY REGISTRAR Robert A. Pump VR A15 (4) Pumphrev. Bethesda. Maryland arthur S. Kraus 1SM 9/60 DATE

MARYLAND STATE DEPARTMENT OF HEALTH



HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the Page 4 may be retained by the hospital or attending physician.

EUNERAL DIRECTOR: After this certificate has been signed by the attending physician and contained by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbot, pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 7/61

	MARYLAND	STATE	DEPARTMENT	OF	HEALTH
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	MARYLAND STATE DE	PARTMENT OF	HEALTH	
DIVISION OF STATISTICA	L RESEARCH AND RECORDS	, 301 W. PRESTON	STREET, BALTIMORE 1,	MARYLAND
14137	CERTIFICAT	E OF DEATH		14106
	Them 23h F41m G30	12/29/61	mla	TATO

T	PLACE OF DEATH a. COUNTY  Non-transport	2. USUAL RESIDENCE	CE (Where	deceased livad, If i	institution: Resid	lence before	
	Montgomery MARYLAND		). C.	b. 00014			
	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (I	It outside co	orporate limits, write	RURAL and give	re nearest to	wn)
	Bethesda (Rural) 19 days	Washing	ton		4	7 X.	3
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS		- A (12 k 14 k			RESIDENCE
	U. S. Naval Hospital	1321 Shepar	a Str	eet NW		1 -	NO TO
3.	NAME OF First Middle	Last	4. DATE		Da		
	DECEASED (Type or print)	and day	OF DEAT	PM		10	63
5.		OPKINS		9. AGE (In years	iber 15		61 R 24 HRS.
				last birthday)	Months Days		Min.
		ebruary 2, 1		51 yrs.			
do	USUAL OCCUPATION (Give kind of work under during most of working life, even if retired)			or foreign country)	12. CITIZEN		COUNTRY?
	Retired Serviceman	Arkansa	18		Ţ	JSA	
13.	FATHER'S NAME	14. MOTHER'S MAIDEN	NAME				
	Elijah Hopkins	Margare	et Osb	orn			
15.		VFORMANT		Address			
	Yes						
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]				11	INTERVAL BE	TWEEN
	PART I. DEATH WAS CAUSED BY:	careoma mace	1110	retroneri		ONSET AND	DEATH
	IMMEDIATE CAUSE (e) Recteditum Cett	sar conia, mass	DIVC 9	1 e or ober 1	COLLECTI		
	DUE TO						
	Conditions, if eny, which (b)						
	geva rise to immediate cause (e), stating the underlying DUE TO						
	cause last. (c)						
K	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PART 1(a)		
ATI						YES TO	ORMED?
IFIC	200. ACCIDENT WAS UNDERLYING     206. DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in F	Pert I or Per	t II of item 18.)		A	
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
		10 OF INJURY (U 1	1 201 16	************	16		(5)-1-1
MEDICAL		CE OF INJURY (Home, farm ry, street, office bldg., etc.		City or town)	(County)		(Stete)
ME	p.m. 19 et work et work						
	21. I certify that (1) (this hospital) attended the deceased from	Nov. 25,	19.67, 1	o Dec. 15	19.67	that (1)	(we) last
	saw the deceased alive on Dec. 15, 1901, and that	death occured at3	1: 16 PM	m the causes	and on the	date state	d above
	22e. SIGNATURE						b. DATE
	adam y Than h M.	DIENE D	MED. DIRECTOR	PHYS.	Decemb	er 15	SIGNED.
	22c, PHYSICIAN'S	22d, ADDRESS					
	NAME (Type) ADAM T. THORP JR. LT MC USN	U. S. Nav	ral Ho	spital. H	ethesda	. Md.	
22	DIDIAL CREMATION 1235 DATE THEREOE 122- NAME OF CENTERNY OF	D CREMATORY		CATION (City, low			Stete)
Z.51	BURIAL, CREMATION. 23b. DATE THEREOF 123c. NAME OF CEMETERY CORNOVAL (Specify)	CREMATORT					31919]
_	Burial ( Arlington Nat	ional Cemete					
24	FUNERAL DIRECTOR'S SIGNATURE Washington, D.			ISTRAR 256. REG	0 1 -		
	Crouches Funeral Home 51 K Street, N.W.	DAREC	21 '6	Civil	hur S. That	W	

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### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution tineral director. Page fained for your files. e. COUNTY necessary, ector. Page COUNTY Montgomery b. CITY OR DWN (if outside corporate limits, OR TOWN (If outside corporate limits, write RURA) and give neares town) MARYLAND c. LENGTH OF STAY IN 16 Board of F write RURAL end give neerest town) HKOMA MARK d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) retained f TOSK 3. NAME OF DECEASED OF (Type or print) DEATH with 5. SEX 8. DATE OF BATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (fn years | fF UNDER 1 YEAR and 3 2 with l and 2 with 72 hours a last birthday) Months WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY I 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired PRINTER 18. Give Pages pages 1 hode PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nellie BARton it. File OSEA form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unkown) | (Ifyesgivawarordatasofsarvica) with Item any 577-03-3175 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ong burial-transit PART I. DEATH WAS CAUSED BY: pue Zmany IMMEDIATE CAUSE (a) in pencil Office al ease execute the certificate, writing the word "pending" in pershould be forwarded to the Chief Medical Examiner's Office **FUNERAL DIRECTOR**: Page 3 should be used as a burialits designated agent, prior to burial, cremation, or removal, DUE TO certificate should Conditions, if eny, which (b) geve rise to immediate cause DUE TO (a), stating the underlying cause lest. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enler nature of injury in Pert I or Part II of item 18.) PRIMARY | or CONTRIBUTING | DEPUTY MEDICAL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or lown) factory, street, office bldg., atc.) Hour a.m. While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry X death resulted from: Natural causes 😾 Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE & DEPUTY MEDICAL EXAMINER MSCHZLA NAME (Type) Address (Street, city, town, or county) 22a, BURFAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Spacify) 0 12/5/61 Cedar Hill Cemetery Prince Georges, Maryland Georgia Avenue 24a. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE

INC. Sitver Spring, Maryland

VS. AISME!

5M 9/60

e. IS RESIDENCE ON A FARM?

YES NO

196/

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

ulde

PERFORMED? NO K

(Slata)

and in my opinion

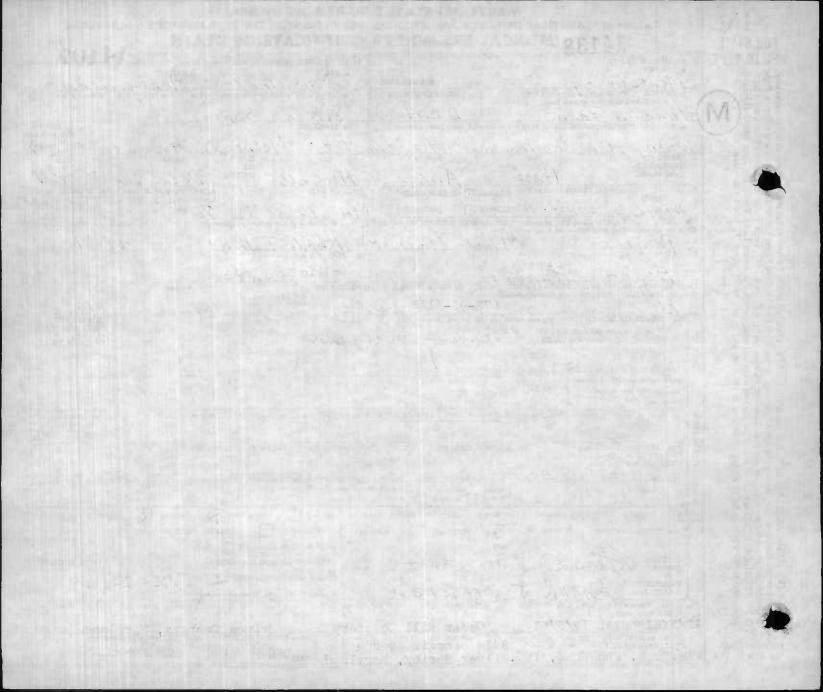
DATE SIGNED

(Stete)

Days

(County)

Chulung S. Thousa



VR A15 (4) 15M 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14139 CERTIFICATE OF DEATH
14108

1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where dacaesad lived, If institution: Re	sidenca bafora edmission)
	montanne MARYLAND	a. STATE b. COUNTY	mt 1
		c. CITY OR TOWN (If outside corporete limits, write RURAL and	alva aparast towal
	b. CITY OR TOWN (if outside topporeta limits, write RURAL and give project town)	FO AA	give madrasi lown,
	Tethesda 3drus.	Id hever Chase	
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
-	Tel ha	3208-Kalling X1.	YES NO IV
3	NAME OF First Middle	Lest 4. DATE Month	Day Yaer
	DECEASED	/ // OF #	2 //
	(Type or print) I da M. H.	ultigren DEATH Jec, 19	1961
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE BIRTH 9. AGE (In yeers   IF UNDER 1 Y	
	fem whe White WIDOWED DIVORCED	21-19-84   lest binhdey) Months D	ays Hours Min.
10	USUAL OCCUPATION (Giva kind of work one during most of working life, even i retired)	Y 11. BIRTHPLACE (County & State, or loraign country)   12. CITIZ	EN OF WHAT COUNTRY?
1	1/ - 22/2 /	Former 1. 2 11	. J.A
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0111.
100	77 / //	R/ //	
	Fred Hel Jeh	Unknown	1
	WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	NFORMANT Address J	me H5
111	as, no, or unkown) (Ifyasgivewarordatasofsarvica)	12d -11/ Kan- 1/1/1	20010
-	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	12ay5111.1100500 170	I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	0 10 1	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	eltright	3 day
	LODO-O DUE TO	)	0
	Conditions, if any, which \ (b)		3 L
	gave risa to immedieta causa		3
-	(e), stating the underlying DUE TO		
	cause last. (c)		
Z	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
CERTIFICATION		. R. 11	YES TO NO THE
5	20a. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCURED	(Enter nature of injury in Pert I or Pert I of item 18.)	
ERTI	OR CONTRIBUTING CAUSE OF DEATH	terial nature of injury in rain to really of home ton,	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
MEDICAL	for all	CE OF INJURY (Home, farm, 20f. (City or town) (Coun	ty) (State)
i i	Hour a.m.	ory, straet, offica bldg., atc.)	
>	p.m. 17	9-1 0	
	21. I certify that (I) (this hospital) attended the deceased from	-1 . 711	
	saw the deceased alive on Tech 19 61, and that	death occured at	ne date stated above.
	220. SIGNATURE		22b. DATE
	M X Fred	D PHYS. DIRECTOR PHYS.	12 - 19 · 61
	22c. PHYSICIAN'S	22d, ADDRESS	1- 11 -1
	NAME TYRE!	2014 C1 C1	A O
_	1 VI. N. NEEDY	3701 Herm St Ch Ch	~ ~ ~
23	REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county	) (Stata)
		-1110-0-1	yland
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S 5	IGNATURE
	Robert A. Pumphrey, Bethesda, Mar	yland DAPEC 2 2'61	cussia.
	Robert A. Pumphrey, Bethesda, Mar	y Land Pan	

日本社 3/1/2 The the side the starts a thought Trebuston Com - I am 3208- Milley Phil I to THE HATERING TO THE TO 14 48-61-14 Fine also 12 1/1. He X 11 1 Theres was a second Marc 27666 Broad No 1-45 d HELBEL The state of the s ofest A. computer, detheade, various alleged to

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
14109

1.	PLACE OF DEATH		HILE LAND OF	2. USUAL RESIDEN	JCE (Where decesse	d lived, If i		Residen	ce before	edmission)
	Mon	taomerra	MARYLAND		brefvr		Mor	ntao	mamr	
	Write RURAL end	tromery formside corporete limits, give neerest town)	c. LENGTH OF STAY IN 16	c, CITY OR TOWN	ryland (If outside corporate)	imits, write	RURAL er	nd give	neerest ov	wn)
1_	Rethe	esda	3 days	45 Bethe	esda					
	d. NAME OF HOSPIT	'AL OR INSTITUTION (if no	t in hospitel, give street eddress)	d. STREET ADDRESS					ON	A FARM?
-	NAME OF Sub	urba n		8909 Ric	dge Place				YES	
3.	DECEASED	First	Middle	Lést	OF	Month		Oey	Yee	36
	(Type or print)	Kathmm	To White	hd	DEATH	Dec.		26	19	61
5.	SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	hison 8. DATE OF BIRTH		(In yeers	IF UNDER	to the Paris	IF UNDE	R 24 HRS.
	Fenale	i itemme and	DOWED DIVORCED	12/10/86	last 7	birthday) yrs.	Months	Deys	Hours	Min.
10e	one during most of wor	ON (Give kind of work rking life, even if retired)	10b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Cou	nty & State, or foreig	n country)	12. Ci	TIZEN C	OF WHAT	COUNTRY?
-	mo daring most of wor	iking tite, even it tented?		Iowa				U.S.	. A.	
13.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME					
	0-	II W		77.2 . 3.	12 77 7					
15		orge W. Youn			eth Weber					
(Ye	es, no, or unkown}   (If	ER IN U.S. ARMED FORCES yesgivewerordetesofservic		INFORMANT		Address				
	No		Ja	anice H. Ale(	daughter)	san	le as	abo	ve	
	18. CAUSE OF D	EATH [Enter only one cou.	se per line for (e), (b), end (c).]		0			IN'	TERVAL BE	
		H WAS CAUSED BY:	Cerebrol V 41	ZOMBULL					SET AND	
	330	✓ DUE TO	2							
	Conditions, if eny	A	Vienne of I	averise	· Ri-rasi				VA	1
	geve rise to immedie	ete ceuse	Menenda	C C y Co V Co Sa	anvers		-		4 .	,
	(e), steting the ur	nderlying DUE TO								
	ceuse lest.	) (c)								
NO	PART II. OTHER	SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT I	OT RELATED TO THE TERMI	INAL DISEASE COND	ITION GIV	EN IN PAR	T 1(a)	19. WAS	AUTOPSY ORMED?
PA									YES T	NO W
CERTIFICATION	20e. ACCIDENT WA	AS UNDERLYING     20	b. DESCRIBE HOW INJURY OCCUR	ED. (Enter neture of injury in	Part I or Part II of ite	m 1B.)				-
CER		MEDICAL EXAMINER)								
_	20c. TIME OF INJUI		20d. INJURY OCCURRED   20s. Pl	LACE OF INJURY (Home, far	m. 20f. (City or to	wnl	ICO	unty)		(Stete)
MEDICAL	Hour e.m.	Monin, Dey, Tear		ctory, street, office bldg., etc		** 117	(00	GIII//		(0.0.0)
ME	p.m.	19	et work et work							
	21. I certify il	hat (I) (this hospital)	attended the deceased from	4/27	196 4 to E	2 4 2	5 19	4	that (I)	(we) last
			end 1961, and the	/ /						
		ed alive on	, and m	al dealli occured al			011	1110 0		b. DATE
	22e. SIGNATURE	~ Od				AFF			1-	SIGNED
	(/	14 -200	non	M.D.	DIRECTOR PH	YS.		12	126/	101
	22c. PHYSICIAN'S NAME (Type)	LEO T	DOIVOVAW Mr	22d. ADDRESS	-100 14					
	MAME (Type)		Dougo Har	8218 0	visc. Ave					
23	e. BURIAL, CREMATI REMOVAL (Specify)	ON, 236. DAYE THEREOF	23c. WANN OF CEMETER	OR CREMATORY  AMM	23d. LOCAHO	(City, tov	le 1	Pilz	2 %	Stot
24	FUNERAL DIRECTOR	S SIGNATURE	ADDRESS (SI	i Wir 0250. RE	C'D BY REGISTRAR	25b. REC	SISTRAR'S	SIGNA	TURE	
24	C A LACTOR	2	7	- The	DEC 2 9 '61		a versel			
	Oruny	enare o	My Hoor . Il	goli. Tople	DEO F 3 01			A3. 70		
	0									

pletely filled in by the funeral papers. Pages 1 and 2 should in 72 hours after death. The Page 4 may be retained by the hospital or attending physician.

CONTRACT DIRECTOR: After this certificate has been signed by the attending physician and confrector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with VR A15 (4) 15M 9/60

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

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15M 7/61

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14110

2. USUAL RESIDENCE (Where daceased lived, If institution: Residence before admission)
Washington DC b. COUNTY
b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
District of Columbia 47×3
d. STREET ADDRESS   a. IS RESIDENCE
908 Shepard St. N. W. YES NO M
908 Shepard St. N.W. YES NO X
OF
JARSON DEATH December 9 19 61
8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
1 Feb 1875 86 yrs. Months Days Hours Min.
STRY   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY
Duranta David
Russia Russia
Unknown
. INFORMANT Address Pensacola,
Son) Maurice Jarson 706 Navy Blvd Fla.
INTERVAL BETWEEN
ONSET AND DEATH
successful and the successful an
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clerosis and hyporterseon undeterm
clerosis and hyporterseon undeterm
clerosis and hyporterseon undeterm
NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY
NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \( \text{NO} \) NO \( \text{X} \)
NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO RED. (Enter nature of injury in Part I or Part II of Item 18.)  PLACE OF INJURY (Homa, farm, ; 20f. (City or town) (County) (State)
NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO ENTER ENTER NO ENTER ENTER NO ENTER ENTER NO ENTER
NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO EXPERIENCE NO EXAMPLE
NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO KEP. (Enter nature of injury in Part I or Part II of item 18.)  PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.)
NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO EXECUTED NO EXE
NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?  YES NO PERFORMED.  YES NO PERFORME
NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO ENTER ENTER NO ENTER
NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO ENTERONED?  PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State)  PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State)  PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State)  PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State)  Action (County) (State)  ATTENDING MED. STAFF PHYS. 9 Dec 1961
NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO ENTER ENTER NO ENTER
NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO ENTERONED?  PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State)  PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State)  PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State)  PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State)  Action (County) (State)  ATTENDING MED. STAFF PHYS. 9 Dec 1961
NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO EXECUTED NO EXE
NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO ERED. (Enter nature of injury in Part I or Part II of item 18.)  PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) (County) (State)  PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State)  PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State)  The property of
NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO EXECUTED NO EXE

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MARYLAND	STATE	DEPARTMENT	OF H	EALTH
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14142 CERTIFICATE OF DEATH
14111

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If inst	itution: Residence before edmission)
a. COUNTY	e. STATE b. COUNTY	
Maryland Maryland	D.C. D.C.	
b. CITY OR TOWN (if outside of porete limits, c. LENGTH OF STAY IN 1b write RURAL and gize nearest town)	c. CITY OR TOWN (If oulside corporate limits, write RU	JKAL end give neerest town)
Takoma Park	Washington 20, D.C.	47× -3
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	. IS RESIDENCE
1 1 1 0 1	/	ON A FARM?
Washington Janitarium & Hospita	800 Barnaby Street,	YES NO K
3. NAME OF First Middle	Lest 4. DATE Month	Dey Yeer
(Type or print) Jeffries, Baby Bay	DEATH /2	11 1961
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	DATE OF BIRTH 9. AGE (In yeers 1 IF	UNDER 1 YEAR   IF UNDER 24 HRS.
1170/0 11.1.1	last birthdey) M	onths Deys Hours Min.
Male With te WIDOWED DIVORCED	1 4 / 6/ yrs.	1 16 12
10e. USUAL OCCUPATION (Give kind of work   1Db. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)	M21	
no no	Maryland	America
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Larry Nicholas Ladrido	Marsha Elaine Jeff	ries
5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.		1,400
(Yes, no, or unkown) (Ifyesgive werordetesofservice)		
no no no	mother	
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).)		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: / Tele Class		ONSE! AND DEATH
IMMEDIATE CAUSE (o) [ LIVELE CLASS		
DUE TO		
Conditions, if eny, which \ (b)		
geve rise to immediate cause		
(a), stering the underlying		
ceuse lest. (c) from alweily		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
		YES NO
2Da. ACCIDENT WAS UNDERLYING     2Db. DESCRIBE HOW INJURY OCCURED	D. (Enter nature of injury in Pert I or Pert II of item 18.)	The state of the s
OR CONTRIBUTING CAUSE OF DEATH	b. (Ellier Halaro of Hijary III Fall   Or Fall II of Holli Ib.)	
	ACE OF INJURY (Home, ferm, 2Df. (City or town)	(County) (State)
Hour e.m. While Not While	tory, street, office bldg., etc.)	
		,
21. I certify that (I) (this hospital) attended the deceased from.	12-9, 1961, to 12 -11	, 1966, that (I) (we) las
saw the deceased alive on		
	double distinction in the days an	22b, DATE
220. SIGNATURE	ATTENDING MED. STAFF	SIGNED
Nober 12 Jan 1	A.D. PHYS. DIRECTOR PHYS.	12-14-61
22c. PHYSICIAN'S	22d. ADDRESS	
Robert Irev. M. D. 7105 Rigg	e Rd Lowiedala Manuland	
modern riey, m. D. (10) migg	s Rd., Lewisdale, Maryland	(54-4-1)
3e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, lown	or county) (Stete)
Cremation 12-12-61 Washington	Sanitarium and Hospital, Ta	koma Park, Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	2Se, REC'D BY REGISTRAR 2Sb. REGIS	
- TOTAL SINCE ON S SISTEMAN		
Robert A. Hare, M. D. Washington San. &	HospitaPADEC 18'61   Cullus	1 S. Firaux

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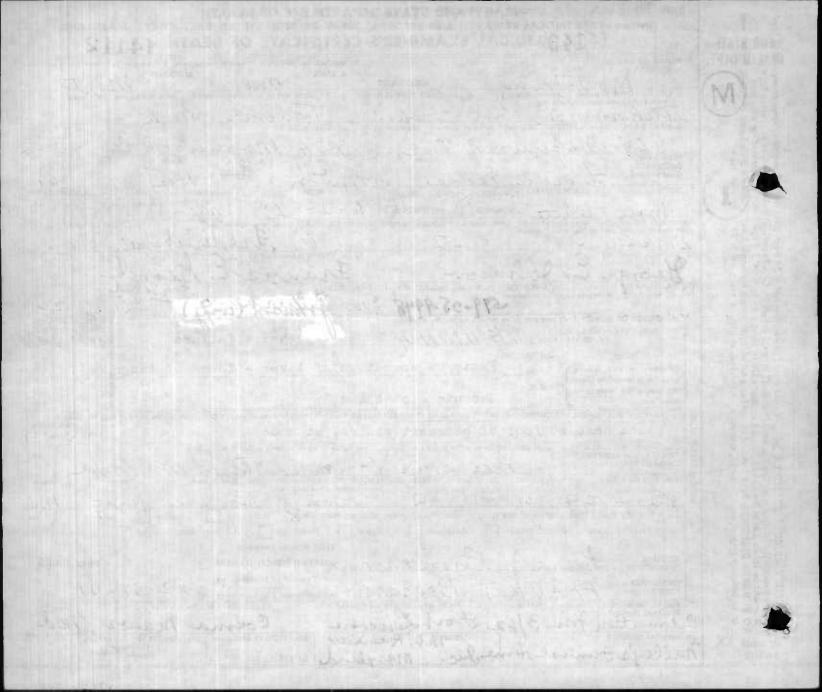
notice in the first work, we mented to the tree and

Creativist " 12-12-61 "Washington Spoilterist and Homestan, Takes E.J.

Robert A. Fore, C. D. Westington San. & hospital " O T The

W. PRESTON STREET, BALTIMORE 1, MARYLAND **EXAMINER'S CERTIFICATE OF DEATH** 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission) . COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if c. LENGTH OF STAY IN 16 write RURAL and give nearest town) c. CITY OR TOWN (If outside corporete limit, write RURAL end give neeres town) director. d. NAME OF HOSPITAL OR INSTITUTION (If not In hospitel, give street address) e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF DECEASED (Type or print) DEATH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthdey) Months Devs WIDOWED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or toreign country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) machen 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or detes of service) 18. CAUSE OF DEATH Enter only one cause par line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: Congestive heart IMMEDIATE CAUSE (e) // Office DUE TO Fatty degeneration of liver - Edema of lungs Conditions, it eny, which gave rise to immediate cause DUE TO (a), steting the underlying Chronic alcoholism cause lest. ion PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 19, WAS AUTOPSY PERFORMED? 2 Found dead at foot of basement stairs, at home NO . pino 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury In Pert I or Pert II of itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief age 3 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ; 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yeer (State) Pag factory, street, office bldg., etc.) While Not While the et work et work 1961 execute the certificate, OR: ā 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry forwarded to death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER should be for DATE SIGNED SIGNATURE EXAMINER'S SCARHT Address (Street, city, town, or county) NAME (Type) 22e, BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Specify) rematter 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME

Item 18 Film 307 2-20MARYUND



W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If putside corporete limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 3. NAME OF DATE Middle DECEASED OF (Type or print) DEATH DOL 6. COLOR OR RACE 9. AGE (In years | IF UNDER 1 YEAR 7. MARRIED NEVER MAKRIED lest birthdey) and Months WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) done during most of working life, even if retired) 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Bu 5 ā 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give wer or deles of sarvice) 18. CAUSE OF DEATH [Enter only one ceuse of line for (e), (b), end (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) signed DUE TO geva risa to immadiete cause DUE TO (a), stating the underlying certificate ha PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yaar factory, straet, office bldg., etc.) Not While While Hour e.m. et work at work DIRECTOR Dec 21. | certify that (I) (this hospital) attended the deceased from.... saw the deceased alive on 22e SIGNATURE ATTENDING MED DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS 23d. LOCATION (City, town or county) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION 256. REGISTRAR'S SIGNATURE 25e. REC'D BY 24 FUNERAL DIRECTOR'S SIGNATUR VR A15 (4) Chathur S. and DATE

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM? YES NO W

Year

19

12. CITIZEN OF WHAT COUNTRY?

SAME DSK

(County)

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED

(State)

22b. DATE

SIGNED

IF UNDER 24 HRS.

Day

15M 9/60

VOLUME. Mercy load Ment good Pecker He Be ples die 12222 Beacher St. Submbon Pay & Jones Lead Maple unit Maryland Virian Buryess Herbert Jones SANGE IN SANG Father ally in the succession of each product that and the second second Dec 1, 61 Dec 1, 928 Dec 1, 31 Jeseph O'neil 809 Vices Prin 81 Retellend THE THE STATE OF THE PARTY OF T

pletely filled in by the funeral in papers. Pages 1 and 2 should hin 72 hours after death HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be when Page 4 may be retained by the hospital or attending physician.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please remove carbothed fined by the State Dept. of Health prior to burial, cremation, or removal, and in any event, with

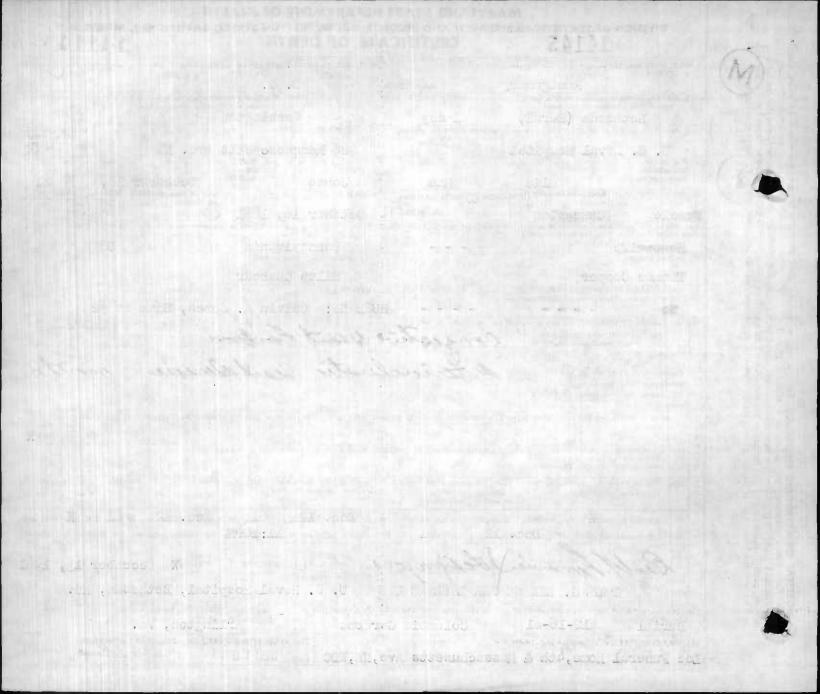
executed within 24 hours after

# MARYLAND STATE DEPARTMENT OF HEALTH

of statistical research and records, 301 W. preston street, Baltimore 1, Maryland 14145 CERTIFICATE OF DEATH 14114

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
Montgomery Maryland	o. STATE  D. C.
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
write RURAL and give nearest town)  Bethesda (Rural) 1 day	Washington 47 X 3
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 1 . IS RESIDENCE
	ON A FARM?
U. S. Naval Hospital	926 Massachasetts Ave. NE YES NO X
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF
(Type or print) Olia Mae	Jones December 12, 19 61
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED     B.	DATE OF BIRTH  9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.
Female Caucasian WHOOWED DIVORCED	October 16. 1881 80 yrs. Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	OC DODGE TO, TOOT, OO
done during most of working life, even if retired)	
Housewife	Pennsylvania USA
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Cooper	Ellen Cushcar
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address
	SBAND: Calvin A. Jones, Same as #2
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Heart Failure ONSET AND DEATH
IMMEDIATE CAUSE (a)	There are and a
DUE TO	notic Heart alexande months
	usur bland allere months
geve rise to immediate cause (a), stating the underlying  DUE TO	
cause last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	PERFORMED? YES NO TY
200. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURED	(Enter neture of injury in Part I or Part II of item 18.)
OP. CONTRIBUTING _ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Emer neture of injury in real for real from the first term to .)
( ) Land	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) pry, street, office bldg., etc.)
Hour e.m. While Not While fact	ory, street, office prog., etc./
	Dec. 12 , 1961, to Dec. 12 , 1961, that (X (we) las
(-	
	death occured at. 112M Offern the causes and on the date stated above
228. SIGNATURE	ATTENDING MED, STAFF SIGNE
Vault homower define is in	D. PHYS. DIRECTOR PHYS. X December 13, 196
22c. PHYSICIAN'S	22d. ADDRESS
NAME (TYPEDAUL G. LINAWEAVER LCDR MC USN	U. S. Naval Hospital, Bethesda, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY   23d. LOCATION (City, town or county) (State)
REMOVAL (Specify) 12-16-61 Columbia Gar	
1002 2002	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
24 FUNERAL DIRECTOR'S SIGNATURE MADDRESS	2 1 2 1
Lee Funeral Home, 4th & Massachusetts Ave,	NE, WDC DATE DEC 15'61 Conthun 2. Thank

VR A15 (4) 15M 7/61



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14146 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, If institution, Rasidanca before edmission, e. COUNTY b. COUNTY MARYLAND MARYLAND the day MONTGOMERY c. CITY OR TOWN (If outside corporeta limits, write RURAL and give nearest town) by the b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give naerest town) filled in Pages 1 arrs after of CHEVY CHASE OLNEY d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) 19 GRAFTON STREET MONTBOMERY GENERAL HOSPITAL 3. NAME OF Middle 4. DATE DECEASED Tudson DEATH (Type or print) NM N PAUL 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yaers | IF UNDER 1 YEAR 5. SEX last birthdey) Pe WIDOWED [ DIVORCED MALE WHITE 1Da. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) physician dona during most of working life, avan if retired) WASHINGTON, D.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending MARCIA BARTLETT ROBERT JUDSON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no. or unkown) | (If yas giva war or detas of sarvice HOSPITAL RECORDS the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) been signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA, BILATERAL. burial-transit DUE TO (b) TRACHEOBRONCHITIS, SEVERE. gava rise to immediate ceusa DUE TO (a), steting the underlying has causa fast. the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY certificate as use MONGOLISM, CONGENITAL. prior 2Db. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part i or Pert II of itam 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached for ihe tained by the OR: After this (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, ferm, ' 2Df. (City or town) Month, Day, Yaar factory, straet, offica bldg., etc.) While Not While at work et work may be retaine DIRECTOR: p.m. saw the deceased alive on DEC. 3 19.61, and that death occurred at.......M, from the causes and on the date stated above. pluods DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) CHARLES S. WHITAKER, M.D. 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Bremation Laudin Park 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATUR VR A15 (4) DATE DEC 6 15M 9/60

MONTGOMERY e. IS RESIDENCE ON A FARM? YES NO X

Months

19 61

IF UNDER 24 HRS.

Hours

1 12. CITIZEN OF WHAT COUNTRY?

U.S.A.

PERFORMED? YES NO 1

(Stata)

SIGNED

(County)

INTERVAL BETWEEN ONSET AND DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

22b. DATE

CLARKSVILLE, MARYLAND

23d. LOCATION (City, town or county)

Baltimore, Md

1,080,1

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Mathematics, enteresting.

(Multiple, M.P.

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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14147 CERTIFICATE OF DEATH
14116

1. PLACE OF DEATH  o. COUNTY  Montgomery  Maryland		2. USUAL RESIDENCE (Where deceased kived, if institution, Residence before edmission)  o. STATE COUNTY  b. COUNTY						
write RURAL en	(if outside corporate limited give, neerest town)	ts, c.	LENGTH OF STAY IN 16	c. CITY OR TOWN	N (If outside corp	porete limits, write	RURAL and give	neerest town)
	sda(Rural)			Anhor	-0-		25	X.3
	Naval Hospit		give streef eddress)	d. STREET ADDRES	SS			ON A FARM?
3. NAME OF	First		Middle	Last	4. DATE	Month	Day	
(Type or print)	Josephi	lne	Bedinger	KIEREN	OF DEATH	Decembe	r 31	1961
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9	AGE (In years		
Female	Caucasian	WIDOWED X		July 8,1897	7	64 yrs.	Months Days	Hours Min.
loa. USUAL OCCUPA done during most of w Housewi:	TION (Give kind of work rorking life, even if retire <b>C</b> E	d) 10b. KIND	OF BUSINESS OR INDUST		ounty & Stete, or	foreign country)		OF WHAT COUNTRY
13. FATHER'S NAME				14. MOTHER'S MAID	EN NAME		U.:	5. A.
Daniel L	. Bedinger			Eleano	or G. Ca	mpbell		
IS. WAS DECEASED E	VER IN U.S. ARMED FOR	CES? 16. SOC	TAL SECURITY NO. 17.	INFORMANT		Address		
No				Hospital Rec	cords			
20a. ACCIDENT V OR CONTRIBUTING (IF EITHER, NOTIF	diate cause underlying DUE TO  ER SIGNIFICANT CONDI  WAS UNDERLYING  G CAUSE OF DEATH  Y MEDICAL EXAMINER)	TIONS CONTRIB	UTING TO DEATH BUT N	CANCINDANA  TOT RELATED TO THE TER  TO, (Enter neture of injury)  ACE OF INJURY (Home, 1)	MINAL DISEASE			19. WAS AUTOPSY PERFORMED? YES NO (Stote)
Hour e.m.	19	White at work	Not While fe	ctory, street, office bldg.,	etc.)			
saw the decea	that XX (this hospitased alive on 31	tal) attended December	the deceased from	6 December	19.61 to	31 Dece	mber 1961, and on the c	date stated above
22c. PHYSICIAN'	A H. FERKTNE	S TIT MC		ATTENDING PHYS.  22d. ADDRESS TI S Na	MED. DIRECTOR [	STAFF XX		ER 31,1961
							CONTRACTOR CO.	
23a. BURIAL, CREMA REMOVAL ISpecif	1-5-62	REOF 23	Aplington	National	A	rlington	, Virgin	
	Pumphrey Fur	leral Ho		sda, Md. 25a. consin Avene	4 H 61 (3) 71		ritua S. 46	

2 Ullio o Town

Sande Daugusian le

Tanking J. Jedina

Lastinger Lawer . A. a.

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Associated Residue

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Kentucky

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U. S. Maral Mooping Ballands, IM.

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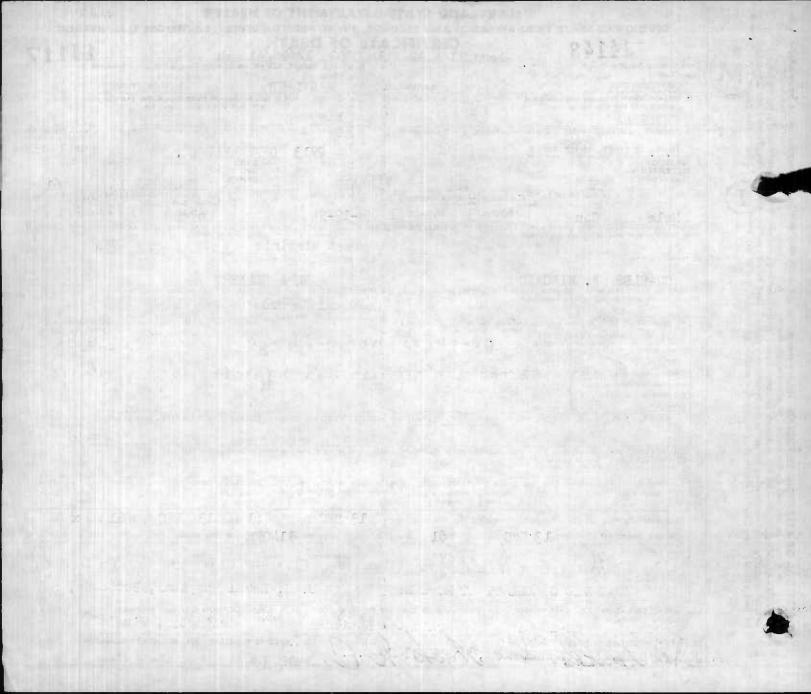
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# VR A15 (4) 15M 7/61

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

14148 Items 11 & 12 Fi	lm_G303 12/2	6/61 mh	14117
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDEN	ICE (Where deceased lived, If	institution: Residence before admission
MONTGOMERY MARYLAND	a. STATE MARYT, AN	b. cou	ONTGOMERY
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN	(If outside corporete limits, wri	le RURAL end give neerest town)
PETTIESDA	RETHESDA		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	<u> </u>	e. IS RESIDENCE
U.S. NAVAL HOSPITAL	7012	DEEP WELL DR.	YES NO TO
3. NAME OF First Middle	lasi (71)	4. DATE Moni	
DECEASED (Type or print) EARLE HILL K	TNOATO	OF DEATH DECL	EMBER 13 1961
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	INCAID  B. DATE OF BIRTH	aller Anal Self of	EMBER 13 1761
The same of the sa	01	last birthday)	
Male Can WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUS	8-19-94	nty & Stete, or foreign country	1 12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)		./	
40 FATURE LIANT	West Virgi		USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN	INAME	
CHARLES A. KINCAID	EMMA	GILBERT	
\$5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.   (Yes, no, or unkown)   (Ifyesgivewerordetesofservice)		- Addres	s
	Hospital Reco	oras	The state of the s
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Cerebral	hemorrh	36e	6 hour
331X DUE TO		δ	
Conditions, if ony, which ) (b) arterioscleros	sis and l	upertensio	n 16 year
Bake Lize to immediate canse			
(e), stating the undarlying cause last.			
	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GI	VEN IN PART 1(a)   19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I			YES NO
200 ACCIDENT WAS LINDERLYING TO 1 201 DESCRIBE HOW INTERESTOR	FD (Enter nature of injury in	Part Lor Part II of item 18.)	ILS E NO
OR CONTRIBUTING CAUSE OF DEATH  OF (IF EITHER, NOTIFY MEDICAL EXAMINER)	see (chier hardre or injury in	1011 101 1011 11 01 11011 121,	
	LACE OF INHIBITY IN E	- 1 204 (City town)	(County) (State)
	LACE OF INJURY (Home, far actory, street, office bldg., et		(County) (State)
21. I certify that (K (this hospital) attended the deceased from	n. 13 DEC,	19.61, to13D	EC, 19.61, that (10) (we) la
saw the deceased alive on. 1.3. DEC	at death occured a]]	. Mon the causes	and on the date stated abov
22e. SIGNATURE	ATTENDING	MED. STAFF	22b. DATE SIGNE
Wavid Toldblatt		DIRECTOR PHYS.	
22c. PHYSICIAN'S	22d. ADDRESS	No. 7 Transit	al Potherda Md
NAME (Type) DAVID GOLDBLATT LT MC USN	0. 5	. Mavar Hospic	al, Bethesda, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City, to	
REMOVAL (Specify) Burial 12-18-61 Arlingtor	n N tional	Arlingto	n, Virginia
24 FUNERAL DIRECTOR'S SIGNATURE MODRESS / /	-	C'D BY REGISTRAR 256. R	EGISTRAR'S SIGNATURE
JOSEN GARRAGER TOIL	PATE	c 1 8 '61 Q	Chur & France



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral within 24 hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare dacaasad lived, If institution: Residence before admission) a. COUNTY b. COUNTY the T MARYLAND b. CITY OR TOWN Hi outside porata limits, c. CITY OR TOWN II outside corporate limits, write RURAL and give nearesty own) and c. LENGTH OF STAY IN 16 by Pages filled i OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO 3. NAME OF Middle Year DECEASED OF (Typa or print) DEATH 1961 AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED last birthday) and Months WIDOWED DIVORCED USUAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY? State, or foreign country) dona during most of working life, aven if ratirad 13. FATHER'S NAME ā SOCIAL SECURITY NO. 17. INFORMAN Address unkown) i (tryesgive war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET, AND DEATH PART I. DEATH WAS CAUSED BY ansonia IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO T prior 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) factory, straat, offica bldg., etc.) Whila Not While Hour a.m. at work at work DIRECTOR: 19.5 to Dec ... 1.2., 1961, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from...... saw the deceased alive one 22b. DATE 22a. SIGNATURE ATTENDING MED STAFF DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. **ADDRESS** CREMATION, NAME OF CEMETERY OR CREMATORY LOCATION (City, lown or county) 23a. BURIAL, 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DIRECTOR'S SIGNATUR VR A15 (4)

RYLAND STATE DEPARTMENT OF HEALTH

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14150 CERTIFICATE

0	F DEATH	14119
2.	USUAL RESIDENCE (Where	decessed lived, If institution: Residence before edmis

1. PLACE OF DEA'	TH		2. USUAL RESIDEN	VCE (Where			dence before	edmission)
	TGOMERY	MARYLAND	e. STATE	RYLAND	b. COU	MONTG	OMERY	
write RURAL e	l (if outside corporete limits, nd give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		orporete limits, writ	a RURAL and gi	ve neerest to	wn)
BETHI		21 days		SINGT	ON			
d. NAME OF HOS	PITAL OR INSTITUTION (if not i	in hospital, give street address)	d. STREET ADDRESS	S				A FARM?
	SUBURBAN		2902 MC	COMAS	AVE.		YES	- 1
3. NAME OF DECEASED	First	Middle	Last	4. DAT	E Mont	h C	ey Ye	ər
(Type or print)	CATHERINE	L	KOUNS	DEA	Dec	14	19	
5. SEX	6. COLOR OR RACE 7. M.	ARRIED NEVER MARRIED B	. DATE OF BIRTH		9. AGE (In years last birthdey)			R 24 HRS.
Female	White WID	OOWED DIVORCED	2/16/95		66 Yrs.	Months Dey	's Hours	Min.
10a. USUAL OCCUPA		Ob. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Co.	unty & Stete,	or foreign country)	12. CITIZEI	OF WHAT	COUNTRY
Barbara A	HOUSEWIEE	Mone	Vincin	de			TT C' A	
13. FATHER'S NAME	11000		Virgin	NAME			U.S.A	
		7177		-	~ 1			
15. WAS DECEASED	EVER IN U.S. ARMED FORCES?	Dillon 16. SOCIAL SECURITY NO. 17. 1	INFORMANT	High of	Stone			
	(If yes give wer or datas of service)							
No	A STREET, ST.	Do	aughter Mrs.	Mary	Botts	Same as	above	TWIFFNI
	DEATH [Enter only one cause ATH WAS CAUSED BY:	45	20-				ONSET AND	DEATH
PAKI I. DEZ	IMMEDIATE CAUSE (e)	CARDIAC AIR	PREST		133 11			
1-540	DUE TO		/1				11	>
Conditions, if a	ny, which ) 6	MASSIVE F	TFLECT	AS1	5	}	1hR	,
gove rise to imme	ediete ceuse							
(e), steting the	underlying	PREDIDITION	Thomre	TEN	111			
	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	OT PELATED TO THE TERM	UNAL DISEA	SE CONDITION GIV	VEN IN PART 10	11 19. WAS	AUTOPSY
E 7	ILK SIGNIFICANT CONDITIONS	CONTRIBUTING TO SEATH BOT NO			7-7	~	PERF	ORMED?
3 JOLE	EDING UX	ASTRIC VICEI	R-SUBTOTA		SIRECLOM	1 FOR	YES	NO
OR CONTRIBUTION	WAS UNDERLYING 20b.	. DESCRIBE HOW INJURY OCCURED	), (Enter netura of injury I	n Pert I or Pe	rt II of item 1B.) /			
ZOc. TIME OF IN	IJURY Month, Dey, Year	2Dd. INJURY OCCURRED   2De. PLA	CE OF INJURY (Home, fa	rm, ; 20f. (	City or town)	(County	)	(State)
20c. TIME OF IN Hour a.m		TT IIII TO TT IIII	tory, straat, office bldg., et	tc.)				
	17	at work et work	A = /	/	05.	111	/	
		attended the deceased from						
saw the dece	ased alive on DEC.	19.6./., and that	death occured at/s	SXAM, fr	om the causes	and on the	date state	ed abov
220. SIGNATUR		1100.	ATTENDING	MED.	STAFF		22	b. DATE
4	ohn 1-10	tabellen "	I.D. PHYS.	DIRECTOR	PHYS.		12-	14-6
22c. PHYSICIAN		*	22d. ADDRESS		0	0	1	
MAME (Ty		HABERLIN	1015 SF	PRIN	6 ST	ZHUR	(PRIN	16 14
220 BIBIAL FORM	ATION, 236. DATE THEREOF		OR CREMATORY	123d. LG	OCATION (City, to	wn or county)	(	State)
REMOVAL (Speci	(v)						C	
Burial	12/16/61				shingto		U.	
24 FUNERAL DIRECT	OR'S SIGNATURE	ADDRESS	25e. R	EC'D BY REC	GISTRAR 25b. RE			
Robert	A. Pumphrev.	. Bethesda, Mar	ryland DATE	TO 1 8	161 C	That S. A	rolle	

pletely filled in by the funeral papers. Pages 1 and 2 should 172 hours after death. executed within 24 hours after within \*\* HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be expressed and be retained by the hospital or attending physician.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please remove carbot be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with VR A15 (4) 15M 9/60

98131 2002 16 0045 115. SALE STATE OF THE SALES STATE OF and the second provided in The spring like . Says 3 to the says and the says Burget 12/16/61 Mt. Olivat Geneters Vestination, D. C. Robert A. Fumbhrey, Betheads, Maryland Strate

executed within 24 hours after

pletely filled in by the funeral n papers. Pages 1 and 2 should O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hough. Page 4 may be retained by the hospital or attending physician.

\*\*CUNERAL DIRECTOR: After this certificate has been signed by the attending physician and please remove carbon papers. Pages 1 and 2 orrector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14151

CERT	IFICATE	OF	DEA	TH

14120

V	1. PLACE OF DEATH		2. USUAL RESIDEN	CE (Where deceased lived, If institu	tlon: Residence before admission)		
	Montgomery	MARYLAND	. STATE Washi	ngton b. COUNTY	, /		
	b. CITY OR TOWN (if outside corporata limits, write RURAL and give neerest town)	c. LENGTH OF STAY IN 16		f outsida corporata limits, write RURA	AL and give nearest town)		
ı	Bethesda	37 days	Distr	ict Of Columbia	41/3		
H	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE		
	The Clinical Center, Beth			ect Street, N.W.	YES NO		
1	3. NAME OF First DECEASED	Middle	Lest	4. DATE Month	Day Year		
	(Type or print) Mary	Carolyn	Latimer	December December	7, 19 61		
1	5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In yeers IF UN last birthdey) Mon			
	Female White WIDOWE		May 25, 1929	32 yrs.			
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Coun	ty & State, or foraign country)	2. CITIZEN OF WHAT COUNTRY?		
		S. Government	Missou	ri	U.S.A.		
	13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
)	Carl Ernest Ames		Dorothy B	anfield			
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. (Yas, no, or unkown)   (Ifyes give wer or detes of service)	SOCIAL SECURITY NO. 17. 1	NFORMANT The M	ledical Records			
				enter, Bethesda	The Manual and		
	18. CAUSE OF DEATH [Enter only one ceuse per		o orthicar o	enver, he mesua.	INTERVAL BETWEEN		
	PART I. DEATH WAS CAUSED BY:	tricular Fibril	lotion		ONSET AND DEATH		
		MICUIAL PIOPIL	tauton		T milit		
7	DUE TO	Th.11					
	neve rise to immediate cause	nonary Embolus			5 min		
	(a), stating the underlying DUE TO CONS	genital or			The state of the s		
		imatic Heart Di			31 years		
	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN	PART 1(e) 19. WAS AUTOPSY PERFORMED?		
	PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS  200. ACCIDENT WAS UNDERLYING   20b. DES OR CONTRIBUTING   CAUSE OF DEATH   (IF EITHER, NOTIFY MEDICAL EXAMINER)				YES NO		
	20e. ACCIDENT WAS UNDERLYING   20b. DES	CRIBE HOW INJURY OCCURED	. (Enter neture of injury in l	Pert I or Pert II of item 18.)			
8							
	20c. TIME OF INJURY Month, Dey, Year   20d.		CE OF INJURY (Home, fermory, street, office bldg., etc.		(County) (State)		
	20c. TIME OF INJURY Month, Dey, Year Volume 19 Hour a.m. 19 Hour at wor	THOI WILLIAM	ory, silear, office biog., etc.				
	21. I certify that (t) (this hospital) atten	ded the deceased from	October 37	19 67 to December 7	19 67 that 1(1) (we) last		
	saw the deceased alive on December	7 10 67 4 4 4-4	doub soured as:	504 PM the sausas and	on the date stated above		
	22e. #GNATURE	(.)	dealli occured ar	e Iron the causes and	22b. DATE		
	ATTENDING MED STAFF SIGNED						
	220 HYSICIAN'S	M		DIRECTOR PHYS. De	cember 8, 1961		
	NAME (Type) Kenneth L. Mel	mon. M.D.		e Clinical Center			
				s Of Health, Beth			
	23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or	county) (State)		
	Burial Dec. 8, 1961				les . Calif.		
	24 FUNERAL DIRECTOR'S SIGNATURE	- ADDRESS OF NO	25a. REC	D BY REGISTRAR 256. REGISTR	AR'S SIGNATURE		
	WwTaltavull, 360	214-21 M	ANDC DATE	N. Maria			

1813 YEARING SALKHAR A es fill effects remain . as any more than the state of the last and the last the Dering Doc, 8, 1861 May resemble of the first well as

A Para Marian ACS STEEL STATE OF THE STATE OF There is a recital material mountain. The second secon decidate de la contraction de Incorporate the Tentest comes, economics . 1 trick r initi jagaji. Arty vie art i a - apie sa ji 

TOSASSER LYCTUS , COLT.

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1.150 CERTIFICATE OF DEATH

14152

14121

			Residence before admission)
MARYLAND		Campbell	
c. LENGTH OF STAY IN 16		f outsida corporata limits, writa RURAL and	d giva nearast town)
15 days	Lynchburg	0.	34.3
hospital, give straet address)	d. STREET ADDRESS		a. IS RESIDENCE ON A FARM?
esda Il. Md.	Route #1. I	emon Drive	YES NO
Middle	Last	4. DATE Month	Day Yaar
FUCENE	T. A VAIR		12 1961
	B. DATE OF BIRTH	9. AGE (In years   IF UNDER 1	
	12 June 19/3	last birthday) Months	Days Hours Min.
		ty & State, or foreign country)   12, CIT	IZEN OF WHAT COUNTRY?
		, , , , , , , , , , , , , , , , , , , ,	
dedical Center	0	NAME .	U.S.A.
	14. MOTHER'S MAIDEN	NAME	
16. SOCIAL SECURITY NO. 17.	INFORMANT The M	ledical Record	
227-54-5827 The	e Clinical Ce	nter, Bethesda 14.	Maryland
			I INTERVAL BETWEEN
ntrocronial Hemo	rrhage		1 hr.
HUI del antar mem	MI Mago		
77 1 37 1 43			2lı hrs.
Urate Nephropati	Ŋ		Zu ms.
			10 mos.
CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
			YES NO
DESCRIBE HOW INJURY OCCURED	). (Enter natura of injury in I	Part I or Part II of item 18.)	
DA INJURY OCCURRED   20a PLA	ACE OF INJURY (Homa farm	. ' 20f. (City or town) (Cou	nty) (Stata)
/hilaNot While fac			(3.2.2,
tended the deceased from?	November 27	1961, 19 December 1219	61, that (t) (we) last
26].2196], and that	death occured at 3.2	LIDA, from the causes and on	the date stated above.
1	ATTENDING A	AED STAFE	22b. DATE SIGNED
uderson "			12/12/6
	22d. ADDRESS Th	e Clinical Center.	
IDERSON, M.D.			
		23d. LOCATION (City, town or count	
		Lynchburg Vi	rginia
			- 6
	0		
Bethesda, Mar	yland DATE	Control 2	, / VALUE
	C. LENGTH OF STAY IN 16  15 days  hospital, give straet address)  nesda 11. Md.  EUGENE  RRIED NEVER MARRIED SOWED DIVORCED SOWED SO	MARYLAND  c. LENGTH OF STAY IN 16  15 days hospital, give strael address  nesda 1 Md.  EUGENE  RRIED NEVER MARRIED N.  B. DATE OF BIRTH  DWED DIVORCED 12 June 1943 b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County Virginia  14. MOTHER'S MAIDEN  Elsie Dods  16. SOCIAL SECURITY NO. 17. INFORMANT The M.  227-54-5827 The Clinical Ceper line for (a), (b), and (c).  Intracranial Hemorrhage  Urate Nephropathy  Acute Lymphocyte Leukemia  CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN  DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in factory, street, office bldg., etc.  Virginia  14. MOTHER'S MAIDEN  Elsie Dods  The Clinical Ceper line for (a), (b), and (c).  Intracranial Hemorrhage  Urate Nephropathy  Od. INJURY OCCURED  Od. INJURY OCCURED  ATTENDING Factory, street, office bldg., etc.  Virginia  ATTENDING PHYS.  22d. ADDRESS THE INSTITUTE OF INJURY (Homa, farm factory, street, office bldg., etc.  ATTENDING PHYS.  22d. ADDRESS THE INSTITUTE OF INJURY (Homa)  ATTENDING PHYS.  22d. ADDRESS THE INSTITUTE OF INJURY (Homa)  ATTENDING PHYS.  22d. ADDRESS THE INSTITUTE OF INJURY (Homa)  ATTENDING PHYS.  22d. ADDRESS THE INSTITUTE OF INJURY (Homa)  ATTENDING PHYS.  22d. ADDRESS THE INSTITUTE OF INJURY (Homa)  ATTENDING PHYS.  22d. ADDRESS THE INSTITUTE OF INJURY (Homa)  ATTENDING PHYS.  22d. ADDRESS THE INSTITUTE OF INJURY (Homa)  ATTENDING PHYS.  22d. ADDRESS THE INSTITUTE OF INJURY (Homa)  ATTENDING PHYS.  22d. ADDRESS THE INSTITUTE OF INJURY (Homa)  ATTENDING PHYS.  22d. ADDRESS THE INSTITUTE OF INJURY (Homa)  ATTENDING PHYS.  22d. ADDRESS THE INSTITUTE OF INJURY (Homa)  ATTENDING PHYS.  22d. ADDRESS THE INSTITUTE OF INJURY (Homa)  ATTENDING PHYS.  22d. ADDRESS THE INSTITUTE OF INJURY (Homa)  ATTENDING PHYS.  22d. ADDRESS THE INSTITUTE OF INJURY (Homa)  ATTENDATION  ATTENDATION	Campbell c. LENGTH OF STAY IN 1b 15 days Lynchburg d. STREET ADDRESS  NESDA 14. Md.  ROUTE #1, Lemon Drive Last  PUGENE RAISED   NEVER MARRIED   12 June 1913 L. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (County & State, or foreign country)  Medical Center  Virginia L. MOTHER'S MAIDEN NAME Elsie Dodson  16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Records  227-54-5827 The Clinical Center, Bethesda 11, per line for (a), (b), and (c).  Intracranial Hemorrhage  Urate Nephropathy  Acute Lymphocyte Leukemia CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART  DESCRIBE HOW INJURY OCCURED 20. PLACE OF INJURY (Home, farm, farm, factory, street, office bidg., etc.)  Intended the deceased from November. 27. 1961, to December. 1219  Acute Lymphocyte Intended the deceased from November. 27. 1961, to December. 1219  ACUTE STAFF  PHYS.  ADDRESS  ADDRESS  128. REC'D BY REGISTRAR 25b. REGISTRAR'S  25b. REGISTRAR'S

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Derial-Transfell / 13/13/13/13/14 Spring Hill Genetery Londeburg Virginia Rosert A. Pumphroy, Setheeds, Maryland carlo but the state of

# HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 be retained by the haspital an attending physician. Where I DIRECTOR: After this certificate has been signed by the attending physician and campleted by the funeral director, as should be detached for use as the burial-transit permit. Then please remove carban papers. Plages 1 and 2 should be with a remayal, and in any event within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 14153

**CERTIFICATE OF DEATH** 

Reg. Dist. No. 122

1. PLACE OF DEATH o. COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE  b. COUNTY  b. COUNTY  ontgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Potomac  c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Rockville
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Ropine Nursing Home	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?  715 Marshall Avenue  c. IS RESIDENCE ON A FARM? YES \( \text{VES} \) NO \( \text{VES} \)
3. NAME OF DECEASED (Type or print) LOUIS (NMI) LEIBR	ROCK  4. DATE Month Day Yeor OF DEATH December 15. 1961
1.1.1	8. DATE OF BIRTH Sept. 7, 1880  9. AGE (In yeors lost birthdoy) 81  9. AGE (In yeors lost birthdoy) Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Ret. Machenist	STRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?  USA
13. FATHER'S NAME Unknown	14. MOTHER'S MAIDEN NAME Unknown
(Yes, no, or unknown) (If yes, give war or dates of service)	NFORMANT Address S XXXXXXX Ann L. Welsh - Item # 2
	ARTERSOSCIPLOTIC HEART DECISE  ENDY THILLIAR 20 VERDS  I NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO THE
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II of item 18.)
	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
	n occurred at 9:55 AM, from the causes and an the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED  M.D. 310 W. Montgomery Ave,  Rockville, Maryland
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Bur-Iransit 12/15/61 The West Par	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
23 TEUNES A DIRECTOR'S SIGNATURE TO Home-1331 E. Mont	g . Ave . 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/58

HEAST NO SYNDROUS CONTROL OF THE The state of the s and the second s Winds - All by Constanting the Sept-Co-Sep Street and the street and the street and the

OF STATISTICAL RESEAR RESTON STREET, BALTIMORE 1, MARYLAND OF DEATH funeral iwk I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution e. COUNTY a. STATE b. COUNTY Montgomery MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits. and c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) þ write RURAL end giva nearest town) days .⊑ ⊤ Olney Olnev Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS Montgomery General letely 3. NAME OF Middle 4. DATE Month DECEASED OF (Type or print) Wade Hamilton Leizear DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR and hirthday) Male white WIDOWEDXX DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work ove 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRIMPLACE (County & State, or foreign country) done during most of working life, even if retired) Farmer Farm Montg. Co., Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pleas attending Samuel Leizear Annie Pagett 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror detes of service) Hospital Records 217-14-6652 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] DNARY FATERIOSCIEROSIS PART I. DEATH WAS CAUSED BY: g physics signed IMMEDIATE CAUSE (e) aftending Conditions, if eny, which peen geve rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY certificate 95 use prior 20e. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of item 18.) for OR CONTRIBUTING [] CAUSE OF DEATH the this (IF EITHER, NOTIFY MEDICAL EXAMINER) etached may be retained by DIRECTOR: After 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) factory, straet, office bldg., etc.) While Not While Hour a.m. et work at work p.m. pe 195 J. to .... saw the deceased alive on 1961, and that death occured aliver. In the causes and on the date stated above. 22a. SIGNATURE ATTENDING MED STAFF PHYS. DIRECTOR PHYS. FUNERAL page 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) .Bonifant Sandy Spring, Md. 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Burial St. John's Olney. Md. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) Francis H. Barber Laytonsville, Md. arthur S. Kraus 15M 9/60

ARYLAND STATE DEPARTMENT OF HEALTH

Montomerv

Dey

Deys

(County)

Months

a. IS RESIDENCE

1961

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

(Stete)

22b. DATE

(State)

SIGNED

YES Y NO

12. CITIZEN OF WHAT COUNTRY?

USA

Yeer

ON A FARM? YES NO K

within 24 hours after

E SAN ENTON

rottimes samilton

32(3-15-17)

Hospital Ferogram

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TC VR A15 (4) 15M 9/60

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# MARYLAND STATE DEPARTMENT OF HEALTH

OE STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14155 CERTIFICATE OF DEATH
1412 14124

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If Institution: Rasidanca bafora edmission)
Montgomery MARYLAND	Maryaand Montgomery
b. CITY OR TOWN (if outside corporeta fimits, writa RURAL and giva nearest fown)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)
Olney 45days	Gaithersbutg Route 1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Montgomery General Hospital	ON A FARM? YES NOT
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) Anna Magrel	Lifka December 13, 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years   If UNDER 1 YEAR   IF UNDER 24 HRS.
female white WIDOWED DIVORCED	January 29, 1895 66 yrs. Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (County & Stata, or foreign country)   12. CITIZEN OF WHAT COUNTRY
dona during most of working life, even if ratirad) home-making	Czechoslovakia wnknown 7/5A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	mild and house the state of the
Karl Magrel  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	Elizabeth Woiafka
(Yes, no, or unkown)   (Ifyasgivawarordatasofsarvica)	
	ospital records
1B. CAUSE OF DEATH [Enter only ona causa per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a) / SEUCIO MUCI	novs Cyst
175.0 DUE TO Adoursadve	cinoma, Ovary Imonth
	1eta statec
gave rise to immediata causa (a), stating the underlying DUE TO	76761310166,
cause lest.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	PERFORMED? YES NO Z
	D. (Entar nature of injury in Part I or Part II of item 18.)
U I I I I I I I I I I I I I I I I I I I	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Steta)
Hour e.m. While Not While p.m. 19 at work et work	
21. I certify that (I) (this hospital) attended the deceased from	APL, 100/, to 12-13, 16/, that (1) (we) las
	t death occured ( 50 M, from the causes and on the date stated above
22a SIGNATURE	22b. DATE
1 1 1 1 1 1 1 1 1 1 1 1	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D 12-15-6
220 PHYSICIAN'S LACK SOMMACHER M.D.	22d. ADDRESS
NAME (Typa)	GAITHERSBURG, MARYLAND
236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY PORT APOCITY)  Dec. 16 1961 Gate Of H	Silver Spring Md
Dece to that date of h	eaven
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Laytonsville.	2 11
Francis L. Barber Laytonsville,	Md. DADEC 18'61 Cirthur S. Thomas

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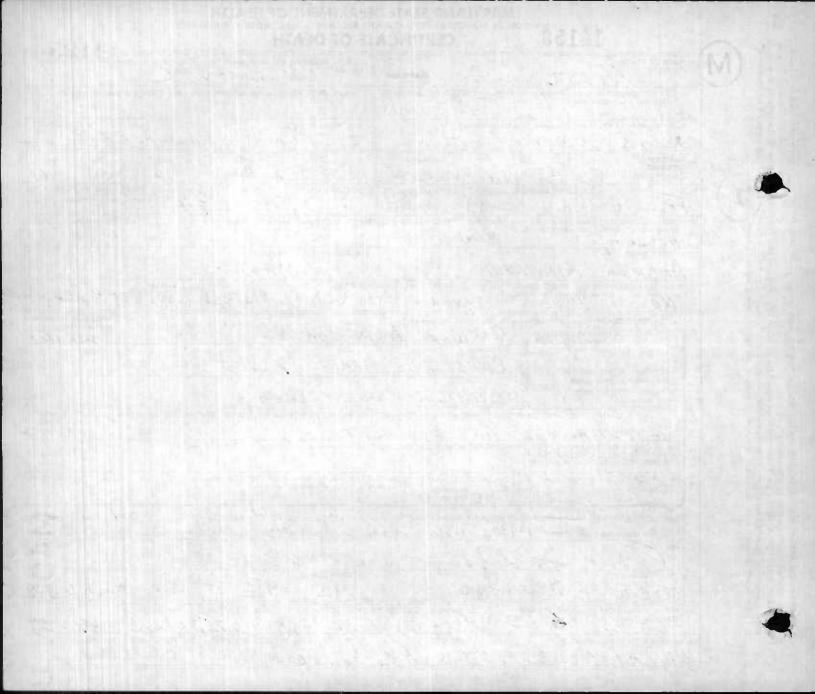
10 VR A1S (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

2 4 P A.T. 15.10.1. U.	0171110110710 11000111101171110		
4156	CERTIFICATE	OF DE	ATH

	PLACE OF DEATH	11 1		- 11	. USUAL RESIDENCE (Wh		If institution	: Residence be	fare admiss	sian)
1		VIONTgom	ery MARYLAN		was	Milled	11			V
1	RURAL and give	N (If outside corporate limits, we nearest tawn)  - 9200 Means	TENGTH OF STAY IN	4 11	c. CITY OR TOWN (If o	utside corporate lim	nits, write RUI	RAL and give t	1 X - 3	n) 3
1		PITAL (If not in hospital, give st	treet address)		d. STREET ADDRESS	10	1	4	e. IS RES	IDENCE
C	ongress.	ional Manor	Sanitarium		825 New	Hamp	Shure;	AVEN	YES 🗆	
3.	NAME OF DECEASED (Type or print)	First	Middle Middle	//	Lost	4. DATE OF DEATH	Month 12		2 -0	Yeor 196/
S.	SEX _	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	□ 8.	DATE OF BIRTH		E (In years	F UNDER 1 YE		
	Frinale	E White WID	DIVORCED [		2/15/18	87 19		Months Day		Min.
100	during most of w Houser	TION (Give kind of work done rorking life, even if retired)	Homemoker	NDUSTR ,	11. BIRTHPLACE (State of SwED)	or foreign cauntry)		12. CITIZEN	SA	COUNTRY?
13.	FATHER'S NAME	-			14. MOTHER'S MAIDEN N	IAME /		-	-	,
	ANDRE	A ANDERS	al		UNSI	VOWN				
	WAS DECEASED E	VER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFO	RMANT		Addre	5		
110	NO O	(If yes, give war or dates of service)	CHENOWN	H	AROLD LI	NDSTRONS	1 (5 ari)	1825	New Ha	mos ponis
F	18. CAUSE OF D	DEATH [Enter anly and couse p	per line for (o), (b), and (c).]						TERVAL BE	
	PART I. D	EATH WAS CAUSED BY:	CARDIAC A	RR	HYTHMIA				MINI	1
	4-1	DUE TO	^	,						71-5
	Conditions, if	any, which ) (b)	CINGESTIVE	- H	BART FAI	LURE				
	gave rise ta	immediate (								1000
	lying cause los	ng the under-	CORONARY	AR	TERY DISE	755				
Z	PART II. C		ONS CONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVE	N IN PART 1(o	19. WAS	AUTOPSY
CERTIFICATION	GEN	BRALIZED	ARTERIOS	CLE	TRASIS					RMED?
TIE	20a. ACCIDENT	WAS UNDERLYING [] 20b.	DESCRIBE HOW INJURY OCC			Port I or Port II of i	tem 18.)	Trans-		
CER	(IF EITHER, NOTI	NG CAUSE OF DEATH FY MEDICAL EXAMINER)								
MEDICAL	20c. TIME OF INJ		0d. INJURY OCCURRED 20		OF INJURY (Hame, farm		n)	(Coun	ty)	(Stote)
WED	Hour a.n	10	Vhile Not while	roctor	y, street, office bldg., etc.	1				
			tended the deceased fro	nm.	Man 10	60, to D	uc.	19.61	that (1) (	- t loct
					th occurred of 1025	_				
	220. SIGNATURE			ui dec	IIII OSCOTICO OTE	, irom me c	ouses and	On the de		b. DATE
	100	W d	Sha	M.1	ATTENDING ME	ED. STA	FF (S. $\square$			SIGNED
-	22c. PHYSICIAN				22d. ADDRESS	-		111	,	_
	ROBER	_ /	MD		915. 19	17 21	N.W	, Wel	54,6	Dic
23	BURIAL, CREMA		23c. NAME OF CEMETE	RY OR C	REMATORY  FUN PUNK	23d. LOCATION (C	City, town, or	caunty)	(S101	(e) // //
24	FUNERAL DIRECTO	OR'S SIGNATURE	ADDRESS	112	25g. PEC'I	D BY REGISTRAR	2Sb. REGIST	RAR'S SIGNA	TURE	101
1	1/8/10/2	unless pr. 3	077 M O+0	411/	Which SEPATE JA	4 100		lur 8. th		
16	of Jake	MILLION WIN	NI She I	W	may were					



YLAND STATE DEPARTMENT OF HEALTH STREET, BALTIMORE 1, MARYLAND funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare dacaesad lived, If institution: Residence before admission) a. COUNTY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearly town) þ .5 = filled e. IS RESIDENCE ON A FARM? YES NO Z 3. NAME OF Middla DECEASED OF DEATH (Type or print) 19 AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 7. MARRIED NEVER MARRIED 20 last birthday) Months Deys WIDOWED [ DIVORCED physician Oa. USUAL OCCUPATION (Give kind of work dona, during most of working Uta, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 2. CITIZEN OF WHAT COUNTRY! U. S. South Dakota 13. FATHER'S NAME S MAIDEN NAME please unknown 16. SOCIAL SECURITY NO. | 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yas, no. or unkown) | (Ifyasqivewarordatasofsarvica Suburban Hosp. Records. 18. CAUSE OF DEATH [Entar only one causa per line for (e), (b), and (c).] INTERVAL BETWEEN ONSETAND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gava rise to immediata cause (a), stating the underlying RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS certificate PERFORMED? NO To Wilmonews Edemo 20b. DESCRIBE HOW INJURY OCCURED. Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH the (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (Stata) 20c. TIME OF INJURY Month, Day, Yaar factory, straat, office bldg., etc.) Not Whila While Hour a.m. at work at work may be retaine DIRECTOR: .5....., 19.6/, that (1) (we) last 19.5% 10/ 3 saw the deceased alive on..... 22b. DATE ATTENDING' SIGNED DIRECTOR PHYS. PHYS. M.D. 22d. ADDRES 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town 23a, BURIAL, CREMATION. REMOVAL (Specify) St. Peter & Paul Cem. South Dakota. Dimock. Burlal-transit 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Robert A. Pumphrey Bethesda, Md.

DATE

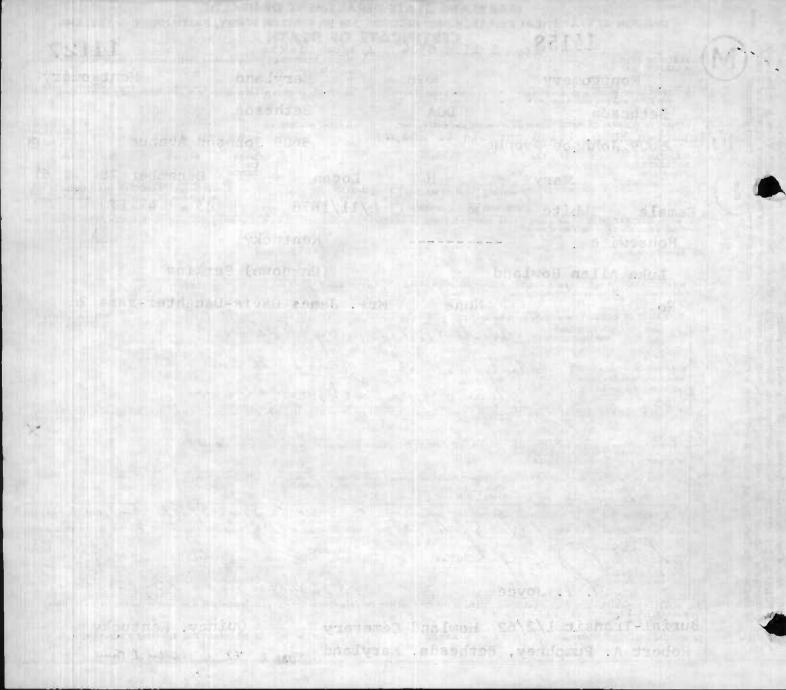
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VR A15 (4) 15M 9/60

TO STATE OF THE PARTY OF THE PA The state of the s Summous Lose, recorded Bort al-crams t 12-77-pl S . Foxer a Paul Mon. Li nock, nothin Lakors. Nobert A Pumphosy Betheson, Mar.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY by the Montgomery Maryland Montgomery MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b write RURAL end give nearest town) filled in Pages 1 Bethesda Bethesda DOA d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? shirson Avenue Suburban 560 enroute to Hosp. 5609 Johnson Avenue YES NO X pletely papers. n 72 hou DATE Middle Last 4. Month Day Year DECEASED DEATH 61 (Type or print) December 28 19 Logan Mary 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. S. SEX 83 yrs. Months and Car WIDOWED T DIVORCED Female physician remove 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) USA Kentuckv Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending (Unknown) Perkins Luke Allen Howland Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror detes of service Mrs. James Davis-Daughter-same by the None INTERVAL BETWEEN physician. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: has been signed IMMEDIATE CAUSE (e) burial-transit attending Conditions, if any, which gave rise to immediate cause certificate has b or use as the bur prior to buriel, DUE TO (e), stating the underlying ö PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X prior 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 1B.) 20a. ACCIDENT WAS UNDERLYING T for the OR CONTRIBUTING [] CAUSE OF DEATH may be retained by the DIRECTOR: After this (IF EITHER, NOTIFY MEDICAL EXAMINER) detached MEDICAL 20e. PLACE OF INJURY (Home, farm, ) (Stele) 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20f. (City or town) (County) fectory, street, office bldg., etc.) While Not While Hour e.m. et work at work p.m. 8 19. 19 ..... that (I) (we) last pinous saw the deceased alive on..... DATE 22a. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. PHYS. FUNERAL M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Joyce 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Ouincy Kentucky Howland Cemetery 25a. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Robert A. Pumphrey, Bethesda, Maryland 15M 7/61 DATE Orlling S. Kraus

RYLAND STATE DEPARTMENT OF HEALTH



VR A15 (4) 15M 9/60 MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14150 CERTIFICATE OF DEATH
14128

72702							
PLACE OF DEATH			2. USUAL RESIDE	ENCE (Where dece	esed livad, If Ins	titution: Rasidan	nca befora admission)
) COUNTY Montgomery		MARYLAND	o. STATE M	aryland	b. COUNTY	Mont	gomery
b. CITY OR TOWN (if outside corporate I write RURAL and give nearest town)	imits,	c. LENGTH OF STAY IN 16	c. CITY OR TOW	N (If outside corpora	ata limils, writa R	URAL and give	nearest town)
Wheaton		3 Mo.	3/ Silve	r Spring			
d. NAME OF HOSPITAL OR INSTITUTION	N (if not in hos		d. STREET ADDRE				. IS RESIDENCE
Wheaton Nursing			9620	Bruce Dr	ive		ON A FARM?
3. NAME OF TELEPISION OF THE DECEASED	irst	Middle	Lest	4. DATE	Month	Dey	Yeer
(Type or print)	aude	Vernon	Long	OF DEATH	12	1	1961
5. SEX 6. COLOR OR RA	CE 7. MARRIE	NEVER MARRIED	8. DATE OF SIRTH	9.	AGE (In years   IF	UNDER 1 YEAR	IF UNDER 24 HRS.
female white	WIDOWE		12/2/1880		est bribdey)	Aonths Deys	Hours Min.
10e. USUAL OCCUPATION (Give kind of w	ork 10b. KI	ND OF BUSINESS OR INDUST	RY   11. BIRTHPLACE (C	ounty & State, or for	reign country)	12. CITIZEN C	OF WHAT COUNTRY?
done during most of working life, even if rate Housewife	tirad)		Pt.Repul	hlia We		U.S.	A
13. FATHER'S NAME			14. MOTHER'S MAID		•	0.5.	A.
Franklin Hudlow			Lucy Mi	cheel			
15. WAS DECEASED EVER IN U.S. ARMED F	ORCES?   16.	SOCIAL SECURITY NO.   17.	INFORMANT	CHACL	Address		
(Yes, no, or unkown) (Ifyesgivewerordetes			unaina Har	ne Pesser	da Mh		Ma
18. CAUSE OF DEATH (Enter only o			ursing Hor	He Wecol	us- wn		
PART I. DEATH WAS CAUSED BY:							TERVAL BETWEEN NSET AND DEATH
IMMEDIATE CAUSE	(a) Ca.	rcinoma tos i	3				
170 X DUE 1	го						
Conditions, if eny, which	(b) Ca	rcinoma R.	Breast-me	tastatic		-	6vrs.
geve rise to Immediate cause							
(a), stating the underlying cause lest.							
	(c)	TRIBUTING TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASE CO	NDITION GIVEN	LIN PART (a)	19 WAS ALITOPSY
				MILLE DISERSE CO	ANDINION GIVE		PERFORMED?
s arteriosclero							YES NO X
PART II. OTHER SIGNIFICANT CON  arterios cler  200. Accident was underlying OR CONTRIBUTING CLUSE OF DEAT  (IF EITHER, NOTIFY MEDICAL EXAMINE	Н	CRIBE HOW INJURY OCCURE	D. (Enter nature of injury	in Part I or Pert II of	f item 18.)		
20c. TIME OF INJURY Month, Dey, Hour a.m.			ACE OF INJURY (Home, I		r town)	(County)	(State)
Hour a.m.	Whila at work		ctory, street, office bldg.,	etc.)			
	- '		18 NOJ	1061	TNC	10 /-1	
21. I certify that (I) (this has		P .					that (I) (we) last
saw the deceased alive on?	1 200	19 <b>G</b> , and tha	t death occured at	Mofrom 1	he causes ar	nd on the d	
220. SIGNATURE	the	)	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		22b. DATE SIGNED
22c. PHYSICIAN'S	10.00	, , ,	A.D. PHYS.	DIRECTOR L		2	
NAME (Type)	Fublin			Nayne Av		lver S arylan	pring
23e. BURIAL, CREMATION, 23b. DATE TI		23c. NAME OF CEMETERY			ION (City, town		(Stata)
REMOVAL (Specify) 12/4/	11-		L Ceme ter y			MA.	(3.0.0)
24 FUNERAL DIRECTOR'S SIGNATURE		ol Ameth St.	N.W. 25a.	REC'D BY REGISTR		TRAR'S SIGNA	TURE
		ashington 9		DEC 4 '61	Q-TI	un & Kens	and the
						7 - 7 - 4 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6	

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The B.A. Minos Co. Erablishing 9, C.C. Borger and The

VR A15 (4) 15M 9/60

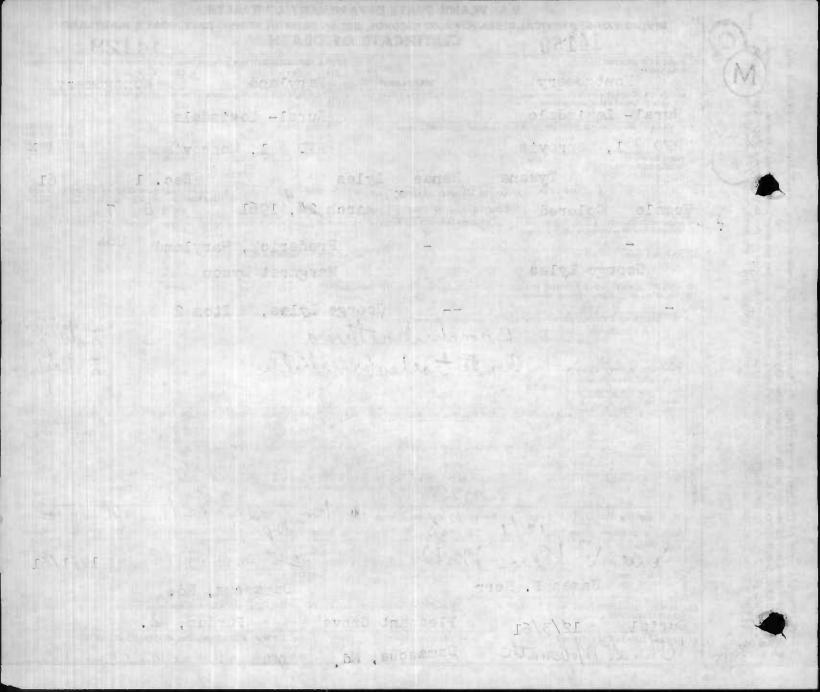
## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

14150 CERTIFICATE OF DEATH

14129

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission)
o. county Montgomery Maryland	Maryland Montgomery
b. CITY OR TOWN (if outside corporete limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
write RURAL end give neerest town)	V 5
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	Rural - Lewisdale d. STREET ADDRESS
d. Name of nostrial or institution (it not in nospitet, give street eddress)	ON A FARM?
RFD # 1, Monrovia	RFD # 1. Monrovia YES NO K
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer OF
(Tune or print)	yles Dec. 1 1961
	3. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
Female Colored WIDOWED DIVORCED 1	March 24, 1961   lest birthdey)   Manths   Deys   Hours   Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
and annual of working they even it tented;	Frederick Manuford USA
13. FATHER'S NAME	Frederick, Maryland UDA
George Lyles	Margaret Dyson
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	
(Yes, no, or unkown) (Ifyes give werordetes of service)	MALOUPINAT VALUES
- G	eorge Lyles. Item 2
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVALBETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Bronchial air	Illima I dama-
501X DUE TO 2 1-1 1	1 11
Conditions, if any, which \ (b) Cau te tracker	formalilio I dailo
geve rise to immediate cause	0.119010000
(e), steting the underlying DUE TO	No. of the second secon
couse lest.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)   19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED?
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	YES NO L
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO CAUSE OF DEATH TO CONTRIBUTING TO CAUSE OF DEATH TO	D. (Enter neture of injury in Pert I or Pert II ol item 18.)
20c. TIME OF INJURY Month, Dey, Yeer   20d. INJURY OCCURRED   20e. PL/	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PL/ Hour a.m. While Not While et work et work	tory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from.	·11 19 (2), to 17 11, 19 (2), that (1) (3) last
saw the deceased alive on 1.7. / 1	death occured and M.M. from the causes and on the date stated above.
220 SIGNATURE	22b. DATE
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A.D. PHYS. DIRECTOR PHYS. 12/1/67
22c/ PHYSICIAN'S	22d. ADDRESS
NAME (Type) James P. Kerr	
	Damascus, Md.
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
Burial 12/3/61 Pleasant	Grove Purdum, Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Ohn L. Wolsonth Damascus,	Md DATE DEC 5 161 Outling & Heart
2069304XV6	



14161 **CERTIFICATE OF DEATH** Reg. Dist. No al director. death. Page 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before adm a. COUNTY o. STATE b. COUNTY MARYLAND funeral b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) e RURAL and give nearest town) should d. NAME OF HOSPITAL (If not in haspital, give street address) e. IS RESIDENCE d STREET ADDRESS OR INSTITUTION ON A FARM? Jundation 2500 YES NO Z NAME OF Middle 4. DATE Month Day Year DECEASED (Type or print) DEATH 19 6 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH Months Doys WIDOWED D DIVORCED | YES. cample 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) puo abound Trist. Science Practictione 13. FATHER'S NAME ofter 14. MOTHER'S MAIDEN NAME hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address attending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO þ Canditions, if any, which gave rise to immediate in o DUE TO cause (a), stating the underpuo lying cause last PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 5 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Hour a. m While Not while of work of work 2 - 22 19 61 that I last saw the deceased 21. I certify that I attended the deceased from \_ A. M. fram the causes and on the date stated above. glive on and that death accurred at ADDRESS (Street, signor town, state) DATE SIGNED ACTUAL SIGNATURE shauld PHYSICIAN'S NAME (Type 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 026 remalion 23. FUNERAL DIRECTOR'S SIGNATURE wis ove 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 1SM 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	CERTIFICATE		
		TO THE REAL PROPERTY.	

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after fletely filled in by the funeral th. Page 4 may be retained by the hospital or attending physician.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and defect the filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon, pages 1 and be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dealth. HOSPITAL VR A15 (4) 15M 7/61

MEDICAL

			ARYLAND STATE			
	DIVISION	14162	CERTIFICA	TE OF DEAT	ON STREET, BALTIMO	14131
	PLACE OF DEATH			2. USUAL RESIDEN	CE (Where decaased lived, If inst b. COUNTY	itution: Residence before admission)
	b. CITY OR TOWN (if	ontgomery  foutside corporate limits, give neerest town)  (Rural)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	yland  If outside corporata limits, write RU  Ver Springs	JRAL and give neerest town)
			in hospitel, give street address)	d. STREET ADDRESS	eer oprings	o. IS RESIDENCE ON A FARM?
		aval Hospital			h Avenue	YES NO
3.	NAME OF DECEASED (Type or print)	Jane	t Mary	MacLean	4. DATE Month OF DEATH Decemb	er 28, 1961
	sex emale	6. COLOR OR RACE 7. M		B. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS. onths Deys Hours Min.
10a do	ne during most of wor	ON (Give kind of work   1 rking life, even if retired)	106. KIND OF BUSINESS OR INDUS		ity & State, or foreign country)	12, CITIZEN OF WHAT COUNTRY?
	Housewif			Inverness		England
13.	FATHER'S NAME			14. MOTHER'S MAIDEN		
15	Thomas P	erry ER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	Margaret	Monroe	
		yes give war or dates of service	)		rgaret Asher, S	ame as #2
	PART I. DEATH	EATH [Enter only one cause I WAS CAUSED BY: IMMEDIATE CAUSE (a)	Myo Carchal	Infarcter	m	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if thy gave rise to immedia (a), stating the ur cause lest.	ate cause DUE TO	Arterioscher	otic heart	+ disease	Years
ATION		SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION		AS UNDERLYING [ 206 CAUSE OF DEATH MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCUR	ED. (Enter neture of injury in	Pert I or Pert II of item 18.)	
MEDICAL	20c. TIME OF INJUI Hour e.m. p.m.			LACE OF INJURY (Home, farm ectory, street, office bldg., etc		(County) (State)
			_			, 19.61 that (X (we) last
	saw the deceas	ed alive on Dec.	1961 and the	at death occured at 1	:55AMm the causes an	d on the date stated above.
	22e. SIGNATURE	RobertEr	de Roras &	M.D. PHYS.	MED. STAFF DIRECTOR PHYS. X D	ecember 28, 1961
	22c, PHYSICIAN'S NAME (Type)	ROBERT E.	DEFOREST LT MC U	SN U. S. Nav	al Hospital, Be	thesda, Maryland

Cem.

Procky111e Maryland

258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE S.S., Md. '62

238. BURIAL, CREMATION. 236. DATE THEREOF REMOVAL (Specify)

Burial

24 FUNERAL DIRECTOR'S SIGNATURE Warner Pumphrey Funeral Home, 8434 Ga., AVe.,

DATELLN 2

winny S. Traus

in the state of th

Levisian (Rorel)

Housewife

Thomas Parity

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U. S. M. W. L. Horizon

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Jonet MacLeum December 26, 101

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ROBERT E. DEFORMET Mr MC USE U. S. Mayal dospital, Bothsum, suryland

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

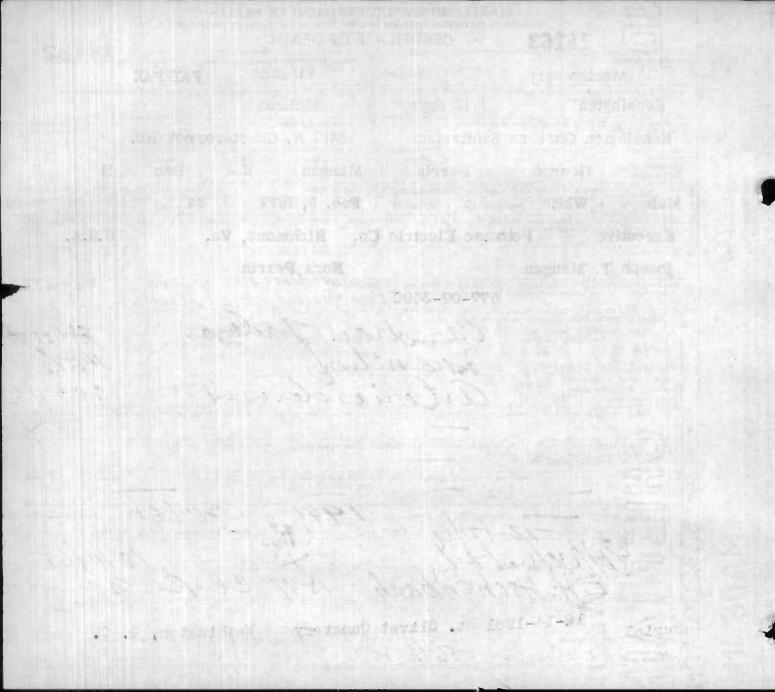
			D/12111
CERTI	FICATE	OF DE	ATH

14163	CERTIFICA	IE OF DEATE			1110	20
o. COUNTY  Montgomery	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Virgi		If institution: Reside	nce befare admits	stom
b. CITY OR TOWN (If autside corporate limits, write RUPAL and give negrest town)  Kensington	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF McLe		nits, write RURAL and	give nearest taw	n)
d. NAME OF HOSPITAL (If not in haspital, give street of Kensington Gardens Sa	nitarium	d. STREET ADDRESS 4410 N.	Chesterb	rook Rd.	ON	SIDENCE A FARM? NO (4)
NAME OF DECEASED (Type or print) George	Perrin	Mangan	4. DATE OF DEATH	Dec.	11 <sup>Doy</sup>	Year 19 61
Male 6. COLOR OR RACE 7. MARR WIDOWE	DIVORCED [	Feb. 8, 18'	77 6	E (In years   IF UNDE	Days Haurs	
on USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired of m			ond, Va.	12.CI	U.S.A.	COUNTRY?
Joseph T. Mangan		Nora Pe				
(if yes, give war or dates of service) [16, no, or unknown]		SA MANGANK	1RBY-441	Address O Chester E		. Vita
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Canditions, if ony, which gave rise to immediate couse (a), stating the under-	me for (b), (b), and (c).]  Snami	ac Je	riluse		INTERVAL B ONSETAN	Le IV
Iying cause last.   (c)   (c)   (c)   (d)   (d	CRIBE HOW INJURY OCCURRE		MINAL DISEASE CON			AUTOPSY ORMED?
(IF EITHER, NOTIFY MEDICAL EXAMINER)	Net while fo	ACE OF INJURY (Hame, far ctory, street, office bldg., el	rm, 20f. (City ar tow	vn)	(Caunty)	(State)
21. I certify that (I) (this hospital) attends aw the deceased alive on	7 1 (se and that o	death accurred of	9to / 7/2	auses and an th		
30. BURIAL, CREMATION, 23b. DATE THEREOF 12-14-1961  FUNERAL DIRECTOR'S SIGNATURE  ASSESS AUXILIARY SOURCES	23c. NAME OF CEMETERY COME. Olivet. ADDRESS 1756 a. Gord	CREMATORY  Cemetery  250. REC  DATE	Washin	St. REGISTRARS S	(Sto	ite)

lled in by the funeral directar, is 1 and 2 should be filed with within 24 haurs after death. Page Poges 1 hours after death If be revained by the haspital ar attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample age 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. In State Board of Health priar to burial, cremation, or remaval, and in any event, within 72 hours after OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

M

VR A15 (4) 15M 9/59



VR A15 (4)

15M 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 14164 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution) a. COUNTY MARYLAND CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 TOWN If outside corporate limits, write RURAL d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) e. IS RESIDENCE ON A FARM? Worthington Drive YES NO I 3. NAME OF Middle DECEASED (Type or print) DEATH 19 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IE UNDER 24 HRS 9. 7. MARRIED NEVER MARRIED lest birthdey) Hours WIDOWED N DIVORCED April USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewi Washington. AddressYorktown 16. SOCIAL SECURITY NO.1 (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) 21- WORTHIN NONE 18. CAUSE OF DEATH [Enter only one ceuse of line for (e), (b), end (c).] Chaus PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to Immediate ceuse DUE TO (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY PERFORMED? NO CERTIFI 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, Month, Dey, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work et work n.m attended the deceased from... 

ATTENDING MED. STAFF
PHYS. DIRECTOR PHYS. D

40-25 451, A.W. WASh 7, D.C.
MATORY 123d. LOCATION (City, town or county) (State)

238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)

Cedar Hill Cemetery

Prince Georges Co. N

22b. DATE

SIGNED

The S. H. Hines Company Washington, D.C. 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATE DEC 2 8'61

MERCHANT MAN HAVE SHAWA Per ten to the same suppose topicous to the Sont Worker net on Det ve louis 50 DI REPORTERA PONTE IN Michael Cartinage March Deal 25 6 4 mil water to the court 26,7000 72 4313 . T. . C. posto co to a constant of the consta HUSEUS FE Killion A. Melchier ERRED Steiner Victorian Idena TELANATE arter to solve the their diana March 15 The 27 di -Face I Carlle Files of Feller CHE 32 431 3 10 5 10 5 Burtal 12/20/61 1 Coder Mill Caratery Irine Seconds Ld. 

VR A15 (4)

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	14165 CERTIFICA	IL OF BLAIN		11121
	. PLACE OF DEATH	2. USUAL RESIDENCE (W	here deceased lived, If Institution	Residence before admission)
1	MARYLA	a. STATE W	b. COUNTY W	lant.
-	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY II		la corporate limils, writa RURAL a	and giva nearast town)
	write RURAL end give neerest town)  5 by	Bothes	da 45	
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS	9 9 13	e. IS RESIDENCE
4	Suburhan Hach	10003 (1	1001	YES NO NO
-	3. NAME OF First Middle	Lost 4. D	ATE Month	Day Year
	DECEASED (Type or print)	. 1		11 11
-	1161611	B. DATE OF BIRTH	9. AGE (In years   IF UNDE	19 6 / R 1 YEAR   IF UNDER 24 HRS.
	7. MARKED LA VER MORNED	3/13/28	lest birthdey) Months	Days Hours Min.
)  -	WIDOWED DIVORCED		33 yrs. 9	<b>5</b>     CITIZEN OF WHAT COUNTRY
	10e. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (County & St	ale, or foreign country) 12. C	CITIZEN OF WHAT COUNTRY
	House Wife	Chester	PA.	N.S.A.
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
	Fury Oleksey	unkn	NN	
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. (Yes, no, or whkown) ((Ifyes give war or dates of service)	17. INFORMANT	ph R. Manno	
1	Yes irorean war	Husband	Same	2d
	1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]			ONSET AND DEATH
1	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  CEREBRA	L HEMORRA	JAG-E	24HRS
1	204.3 DUE TO			
	Conditions, if any, which \ (b) THROMBO	CYTOPENIA		2 MOS.
1	geve rise to immediate cause		,	
1		ELOCYTIC LEU	KEMIA	2MOS.
			SEASE CONDITION GIVEN IN PA	RT I(e) 19. WAS AUTOPSY
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY CAUSE OF DEATH CAUSE OF DEATH CONDITIONS CONTRIBUTING TO DEATH BY CONDITIONS CONTRIBUTING TO DEATH BY CONDITIONS CONTRIBUTIONS CONTRIBUTIONS TO DEATH BY CONDITIONS CONTRIBUTIONS			YES NO
1	2De. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW INJURY OC	CURED. (Enter neture of injury in Pert 1 o	r Pert II of item 1B.)	
1	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)			
		De, PLACE OF INJURY (Home, farm, † 2D	f, (City or town) (C	ounty) (State)
1	Hour a.m. While Not While	factory, street, office bldg., etc.)		
		10-12	Die II	. //
	21. I certify that (I) (this hospital) attended the deceased f			
	saw the deceased alive on DEC	that death occured attoor.	from the causes and or	
4	22e. SIGNATURE	ATTENDING MED.	STAFF	22b. DATE SIGNED
1	John H. Michy	M.D. PHYS. DIRECTO	OR PHYS.	12-16-61
1	22c. PHYSICIADYS NAME (Type)	22d. ADDRESS 772	O WISCONSIN	AVE
	Vivi 100my, First		THE SDA 14, 1	7.4.
	PEMOVAI (Specify)	ETERY OR CREMATORY 23d	LOCATION (City, town or cou	unty) (State)
	Burial-Transit 12/19/61 Emacula		hester, Penns	
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY	REGISTRAR 256. REGISTRAR	S SIGNATURE
	Robert A. Pumphrey, Bethesda, M	aryland paner 21	161 Circhar S.	Marie

Tresta District Menthe make 5 hrs Bethesda Betweedy HOP, 10003 Clue Dr. SHOWYDUM L Manne Dec 16 a state a 3/13/28 onne . R denot. BALE KINE WELL BURNESS STATE MINES AND DECEMBER SENSON CHEST TON THE surful-Transit 12/19/ol Emeculate Com. Oheagen, Bennsylvania Robert A. Pamphrer, Schiesde, Amryland

filled in by the funeral Pages 1 and 2 should

carbon papers.

executed within 24 hours after

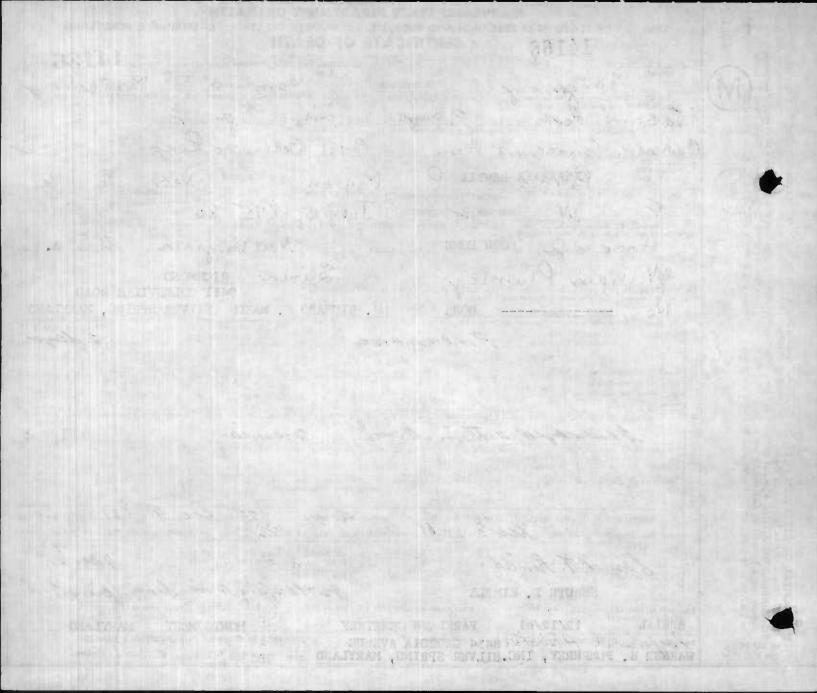
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		MARYLAND	STATE DEF	ARTMEN	T OF HEA	LTM	
IVISION	OF STATISTICAL	RESEARCH A	ND RECORDS,	301 W. PR	ESTON STRE	ET, BALTIMORE	1, MARYLANI
	14166	CE	RTIFICATE	OF DE	ATH		4440

<b>一</b>	6 CERTIFICATI	L OI DEATH	44400
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, If inst	itution: Basidime bolly admission
a. COUNTY Mantgam	MARYLAND MARYLAND	a. STATE M. COUNTY	Mart.
b. CITY OR TOWN (if outside corporate	limits,   c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o sida corporata limits, writa Ri	URAL and giva haarast town)
Write RURAL and give nearest town	ada	122.51	
NAME OF HOSPITAL OF INSTITUTION	ON (if not in hospital, give street address)	d. STREET ADDRESS	l e. IS RESIDENC
d. NAME OF HOSPITAL OK INSTITUTION	NA (II noi in nospiiai, giva siteal address)	A.L. D.	ON A FARM
at haven Convale	escent Home	1911 Colesville Rivad	YES NO
NAME OF DECEASED	First Middle	Last 4. DATE Month	Day Year
(Type or print)	XXX BERTIE	Ylason DEATH Dec	9 1961
	ACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF	
FW	WIDOWED DIVORCED	Tial 4-15 1875 86 yrs.	Nonths Days Hours Min.
. USUAL OCCUPATION (Giva kind of	work   1Db. KIND OF BUSINESS OR INDUST	2000	12. CITIZEN OF WHAT COUNTR
na during most of working lifa, aven if i	A CONTRACTOR OF THE PARTY OF TH	IN THE STATE OF TH	715.
FATHER'S NAME	OWN HOME	14. MOTHER'S MAIDEN NAME	u.7. v.
1112	).	e months and best state	
William P	lumley	ausan RICHMOND	
<ul> <li>WAS DECEASED EVER IN U.S. ARMED as, no, or unkown)   (Ifyasgivawarordate</li> </ul>		INFORMANT 9411 COLESV	VILLE ROAD
No	NONE MR	. RICHARD F. MASON SILVER S	PRING. MARYLAND
	ona cause per lina for (a), (b), and (c).]		ONSET AND DEATH
PART I. DEATH WAS CAUSED B		ea	2 days
493X DUE	10		
Conditions, if any, which	(b)		
gava risa to immediata causa	E TO		
(a), stating the underlying cause last.			
	(c) ONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART 1(a)   19. WAS AUTOPS
Glalatin		**************************************	PERFORMED?
1000		a. Wilma	YES NO
2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	ATH	ED. (Enter natura of injury in Part I or Pert II of Itam 18.)	
(IF EITHER, NOTIFY MEDICAL EXAMIN			
20c. TIME OF INJURY Month, Day		ACE OF INJURY (Homa, farm, 20f. (City or town) ctory, straat, offica bldg., etc.)	(County) (Stata)
	19 at work at work		
21. I certify that (I) (this ho	ospital) attended the deceased from	Lung 1955 to Dec 9	, 196. L, that (I) (we) I
		at death occured at 12 M, from the causes an	
22a. SIGNATURE			22b. DAT
1 1- 1-	Y. 1.6.	M.D. PHYS. DIRECTOR PHYS.	a nee & SIGN
22c. PHYSICIAN'S	emen.	22d. ADDRESS	118-0611
NAME (Type)	T. KIMBLE	92. 7 Peroline Breck for	July 1 pring med
		OR CREMATORY 23d. LOCATION (City, town	or county) (Stata)
BURIAL (Spacify) 12/12			
1			MARYLAND
THERE SOURCES POSSIGNATURE	ISFA 8434 GEORGIA AVE	NUE 250. REC'D BY REGISTRAR 256. REGIS	0 10
ARMER E. PUMPHREY,	INC.SILVER SPRING, M	IARYLAND DATE DEC 13'61 C	thus S. Thank

SPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be an Page 4 may be retained by the hospital or attending physician.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please remove carby 100 VR A15 15M 9/60 M



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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14167 CERTIFICATE OF DEATH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the Page 4 may be retained by the hospital or attending physician.	irec fill		238	REM UI
0	H O TO		E	Bur
VR	TUNERAL DIRECTOR: After this certificate has been signed by the attending physician and the plate illed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.		24	FUN

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if Institutions Residence before admission)
a. COUNTY	a. STATE AL
MARYLAND MARYLAND	Maryland Montgomery
b/ CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give negrest town)	c. CITY OR TOWN (If outside corporata limits, write RURAL and give hearast town)
Takoma Park six days	Silver Spring 1157-2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS a. IS RESIDENCE
Illachi ala Cail 1 11/2011	COTA MA FARM?
washington Sanitavium + Mospital	8500 New Hampshire Ave YES NOW
3. NAME OF First Middle	Lest 4. DATE Month Day Year
(Type or print) Mary Mariovie	Mathis DEATH DEC 18 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Temale White WIDOWED DIVORCED	11-20-18 43 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Swal Saking Lab 1	Missing 115A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Mathis	Emma Sue Maroney
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address
(Yes, no, or unkown) (Ifyas giva war or datas of sarvice) 426-03-7472 L	
.500	ospital necevos
18. CAUSE OF DEATH (Enter only one cause par line for (e), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Cas	sular A C In theut G day s.
331 × DUE TO	
Conditions, if any, which gave risa to immediata causa	
(a), stating the underlying DUE TO	
causa last. (c)	
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY
0	PERFORMED?
5	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH   (IF ETHER, NOTIFY MEDICAL EXAMINER)	D. (Entar nature of injury in Part I or Part II of item 18.)
U (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PL	ACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (Stata)
Hour e.m. While Not Whila fac	tory, street, office bldg., etc.)
p.m. 19 at work at work	
21. I certify that (1) (this hospital) attended the deceased from.	12 De C 19 to 18 De C 1961, that (1) (wa) last
saw the deceased alive on 17 DLC 1061 and the	death occured at M, from the causes and on the date stated above
22a. SIGNATURE	22b. DATE
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ATTENDED TO STATE
	A.D. PHYS. DIRECTOR PHYS.
22c, PHYSICIAN'S MAME (Typa) M R R R R	22d. ADDRESS 7112 willow Ace
22c. PHYSICIAN'S MAME (Typa) M. B. B. QUEEN M. ).	Takoma Packe Md
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	
Burial 12/21/61 Harris Cemeter	ery Carthage Mississippi
24 FUMERAL DIRECTOR'S SIGNAPORE ADDRESS	25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
Jacon March 14 2 3110 8434 Georgia Ave	nue
Warner E. Pumphrey, Inc. Silver Spring. M	laryland DADEC 20'61   arthur & Krous

Continue I Law 19 ABONE 1991 The state of the real party that the state of the state o The of the text of the text of the TOTAL CONTROL OF THE PROPERTY Carry on the country of Day of the state o MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

14169 CERTIFICATE OF DEATH 44400

estely filled in by the funeral propers. Pages I and 2 should thin 72 hours after death

carbon WW

A COSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be a Page 4 may be retained by the hospital or attending physician.

C. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please remove carbo be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, will

VR A15 (4) 15M 9/60

within 24 hours after

cuted

		41-53
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Re	
Montgomery Maryland	D.C. b. COUNTY	XXXXXXXXX
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end	
write RURAL end give nearest town) 2 days	Weahington	7V. 2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Washington 4	a. IS RESIDENCE
a route of most ince or station of the north hospital, give sheet educas,	d. SIREL ADDRESS	ON A FARM?
Suburban Hospital	4000 Massachusetts Avenue	YES NO X
NAME OF First Middle DECEASED	Last 4. DATE Month OF	Day Yeer
(Type or print) Daniel J.	McGill Dec.	28. 1961
	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 )	
Male White WIDOWED DIVORCED	3-31-98 63 birthdey) Months D	Peys Hours Min.
De. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUST	RY   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZ	ZEN OF WHAT COUNTRY?
Retired U.S. Govt.	Washington D C	ica A
3. FATHER'S NAME	Washington, D. C. U	SA
William Edward McGill	Mary Linskey	
5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. (es, no, or unkown)   (Ifyesgivewarordetesofservice)		
yes   WW I   577-10-5058 An	nie P. McGill, wife same as	above
18. CAUSE OF DEATH [Enter only ona ceuse per line for (e), (b), end (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: ACLATE MILE TAR	DIAL INFARCTION	ONSET AND DEATH
	The	20 11.71
DUE TO	I CART DICEOSE	2 1
Conditions, if eny, which gove rise to immediate cause	L HEART DISEASE	2 y B Know
(a), steting the underlying DUE TO		/
couse lest. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	
		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTION TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIB	D. (Enter neture of injury in Part I or Part II of itam 18.)	1113 [] 110 [20]
OR CONTRIBUTING CAUSE OF DEATH	2. (embi-notion of injury in ran   or ran it or ham to.)	
to the state of th	ACE OF INJURY (Home, farm, 20f. (City or town) (Country, street, office bldg., etc.)	ty) (Stete)
Hour a.m.  P,m.  While Not While twork at work	1	
21. I certify that (I) (this hospital) attended the deceased from.	12 -7 ( 1061 12 12 -28 10	61 that (1) (wa) lan
0.110 1	A .	
12-130 04	t death occured at A.A.M., from the causes and on the	
220. SIGNATURE	ATTENDING MED. STAFF	22b. DATE SIGNED
Kichard Holler	A.D. PHYS. DIRECTOR PHYS.	
22c. PHYSICAN'S	22d. ADDRESS	
RICHARD H. POLLEN M.D.	10511 SUMMIT AVE KENSING	TON, ma
	23d. LOCATION (City, town or county	) (Stata)
3. BURIAL CREMATION   23b. DATE THEREOF   23c. NAME OF CEMETERY		
REMOVAL (Specify)		0
Burial 12-30-61 Mount Oliv	et Washington, D.	C.
_REMOVAL (Specify)	Wash 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S S	C .

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rends J. Wollins, 3821-19th C.W.W. W.C. We

MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	I, MARYLAN
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE  CERTIFICATE OF DEATH	4448

ID

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Whare deceased livad, If Institution: Residence before admissign	
		a. STATE b. COUNTY	
-	Montgomery MARYLAND		
1	write RURAL and give nearest town)	c. CITY OR IOWN (If outside corporate limits, write RURAL and give nearest fown)	
	Bethesda 74 days	Point Marion 75x·3	
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS a. IS RESIDENCE	
ı	The Clinical Center, Bethesda 14, Md.	201 Boulevard Street YES NO 5	
	(Type or print) Everett Laing	McGill December 5,1961	
	5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED		
П	Male White WIDOWED DIVORCED		
	10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUST		
П	T) 1	Downson I of A	
	Hadi voi		
Н			
	(Yas, no, or unkown)   (Ifyasgivawarordatesofservica)		
	1		
-1			
1	IMMEDIATE CAUSE (a) Uremia	12 days	
	DUE TO		
J	Conditions, if any, which (b) Carcinoma of the	lung with cerebral, hepatic and   1 year	
	gava risa to immadiata cause probable cardiac n	netastoses.	
П	(a), stating the underlying		
	(6)	OT DELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS ALITORS	
	E PARI II. OTHER SIGNIFICANT CONDITIONS CONTINUOUS TO BEATT BOT N	PERFORMED?	
-1	<b>▼</b>		
- 1	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING   CAUSE OF DEATH	D. (Enter natura of injury in Part I or Part II of item 18.)	
	U (IF EITHER, NOTIFY MEDICAL EXAMINER)		
		ACE OF INJURY (Home, ferm. ' 20f. (City or town) (County) (State)	
	20c. TIME OF INJURY Month, Day, Year Value Not While Not While of work at work 19 19 19 19 19 19 19 19 19 19 19 19 19	clory, straat, offica bldg., etc.)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PL While Not Whila et work at work 21.   certify that (X) (this hospital) attended the deceased from		
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PL While Not Whila et work at work 21.   certify that (X) (this hospital) attended the deceased from		
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PL While Not Whila et work at work 21.   certify that (X) (this hospital) attended the deceased from	September 22961, to Dec. 5	
	20c. TIME OF INJURY Month, Day, Year While Not While et work at work 19 19 11. 1 certify that (X) (this hospital) attended the deceased from saw the deceased alive on 19.5. 19.51., and that 22a. SIGNATURE	September 22961, to Dec. 5	
	20c. TIME OF INJURY Month, Day, Year While Not While et work at work 19 fact work 19 19 20a. PL fact work 19 19 20a. PL fact work 19 19 19 19 19 19 19 19 19 19 19 19 19	September 22961, to Dec. 5	
a. COUNTY MONTGOMETY MONTGOMETY MONTGOMETY Bethosda b. CITY OR TOWN III dustida corporate limits, write RURAL and give nearest lown) Bethesda d. NAME OF First The Clinical Center, Bethesda 14, Md.  3. NAMER OF First Moddle Last DECEREE MORE OF First Moddle Last Moddle Last DECEREE MORE OF First MORE OF First Moddle Last DECEREE MORE OF MORE MORE OF PARTH CONTRIBUTION TO BEATH DECEMBER 1 J. 19.6  S. SXX  S. COLOR OR RACE   7. MARRIED MORE OF MORE MORE OF MORE MORE OF MORE MORE OF MORE O			
**STATE SECONTY MONTEGOMETY  MO			
	20c. TIME OF INJURY Month, Day, Year While Not While at work 19 fat work 19 fat work 20. IL. I certify that (X) (this hospital) attended the deceased from saw the deceased alive on 19.01., and that 22a. SIGNATURE (Type) John C. Harsh, M.D.  23a. BURIAL, CREMATION, 23b, DAJE THEREOF 23c. NAME OF CEMETERY	September 22961, to Dec. 5	
	20c. TIME OF INJURY Month, Day, Year While Not While at work a	September 22961, to Dec. 5	
	20c. TIME OF INJURY Month, Day, Year While Not While at work a	September 22961, to Dec. 5	

#OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be secuted within 24 frours after ath. Page 4 may be retained by the hospital or attending physician.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician are pletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carlow pages? Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any every, within 72 hours after death. VR A15 (4) 15M 9/60

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TOUNERAL DIRECTOR: After this certificate has been signed by the attending physician and the letter filled in by the funeral orderor, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MAR	YLAND STATE DEPARTMENT OF H	EALIH
DIVISION OF STATISTICAL RESI	ARCH AND RECORDS, 301 W. PRESTON ST	REET, BALTIMORE 1, MARYLAND
14171	CERTIFICATE OF DEATH	11111

1. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if	
Montgomery MARYLAND	STATE     Maryland	Anne Arundel
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)  c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, wri	
Rural 0 days	Annapolis	1210-2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE
U.S. Naval Hospital, Bethesda, Md.	715 Sprindale Avenue	YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Mont	h Dey Yeer
(Type or print) Richard Gordon	Messer Decem	ber 29 1961
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8	. DATE OF BIRTH 9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
	November 1903 last birthday) 58 yrs.	Months Days Hours Min.
Marc Vadeastair D 22	Y 11. BIRTHPLACE (County & State, or foreign country	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	The partitioned (county a state, or torong county	, var entant or titlet costituit
U.S. Coast Guard Retired Buyer	Ohio	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
George Messer	Carrie Huff	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. I		s .
(Yes, no, or unkown) (Ifyes give wer or dates of service)		lis, Maryland
Ves 1920-1945 Mrs	. Mary E. MESSER, 715 Spr	Indate Ave.
PART I DEATH WAS CAUSED BY.	1	ONSET AND DEATH
IMMEDIATE CAUSE (a) Dissecting Hor	tic Anoungsm	
DUE TO		NASA DE LA CONTRACTOR
Conditions, if eny, which (b)		
geve rise to immediate cause		
(e), steling the underlying DUE TO cause last. (c)		
	T RELATED TO THE TERMINAL DISEASE CONDITION GI	VEN IN PART 1(a) 1 19. WAS AUTOPSY
		PERFORMED?
5		YES XX NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  208. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	. (Enter neture of injury in Pert I or Pert II of item 18.)	
	CE OF INJURY (Home, ferm, '20f. (City or town) ory, street, office bldg., etc.)	(County) (State)
Hour e.m.  P.m.  While Not While et work et work		
21. I certify that XIX(this hospital) attended the deceased from	29 December 1961 to 20 December 1961	mber 19 67 that 160 (we) last
saw the deceased alive on 29. December 19.61., and that		
22e. SIGNATURE	death occured GRATIMA, from the causes	22b. DATE
220. SIGNATURE	ATTENDING MED. STAFF	SIGNED
	D. PHYS. DIRECTOR PHYS. XX	Dec. 30 , 1961
22c. PHYSICIÁN'S NAME (Type)	22d. ADDRESS	
A. T. THORP JR. LT MC USN	U.S. Naval Hospital,	Bethesda, Maryland
238. BURIAL, CREMATION, 236. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY   23d. LOCATION (City, to	wn or county) (State)
REMOVERIAL 1/2/62 CEDAR BLUFF	ANNAPOLIS	MARYLAND
24 PUNERAL DIRECTOR'S SIGNATURE APPORESS	25e. REC'D BY REGISTRAR 25b. RE	GISTRAR'S SIGNATURE
JOHN M. TAYLOR AND SONS ANNAPOLIS, MAI	OVT AND	
Admit to Tatton than pour white that the	CILAND DATE JAN 3 '62	Films 8. Kinus

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... Dec. 50 , 1994.

U.S. Naval Rospital, Detamans, Navylana

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Apletely filled in by the funeral roon papers. Pages 1 and 2 should within 72 hours after death.

executed within 24 hours after

The law requires that the death certificate be

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEAT	

	14172	CERTIFICATE	OF DEATH		141	42
	PLACE OF DEATH  o. COUNTY  Montgomery  b. CITY OR TOWN (if outside corporate limits, c.	MARYLAND LENGTH OF STAY IN 16	. STATE Mary	CE (Whara dacaasad lived, If b. COUN land foutside corporate limits, write	Montg	omery
	write RURAL end give neerest town)  Bethesda	LENGTH OF STAT IN 16	09 Rock	ville	KOKAL ella give	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite) Suburban Hospital	, give street address)	d. STREET ADDRESS	Edmonston Dr.		a. IS RESIDENCE ON A FARM? YES NOX
3.	NAME OF First DECEASED (Type or print) Charles	Middle Lester	Lost Messick	4. DATE Month	Day	Yoor 19 67
1	SEX   6. COLOR OR RACE   7. MARRIED   5. WIDOWED   1. WID	NEVER MARRIED   8.	8/28/1894	9. AGE (In yeers lest birthdey) 67 yrs.  ty & Stete, or foreign country)	Months Days	IF UNDER 24 HRS. Hours Min.
do	ne during most of working life, even if retired)	etired	Virgini	a	USA	
10	Alfred Messick WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SO	CIAL SECURITY NO.   17. I	Elizab	eth Biller	EFEMA.	
	s, no, or unkown)   (Ifyesgivewarordetesofservice)			a Messick-Sa		
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (e)	for (e), (b), end (c).]	TAWP	mode		ISET AND DEATH
	Conditions, if eny, which geve rise to immediate cause (a), stating the underlying cause lest.	sture,	left lial c	ventra	elo	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BATING TO DEATH BUT NO	T RELATED TO THE TERMIN	VAL GISEASE CONDITION GIV		PERFORMED? YES NO
CERTIFI	206. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURED.	. (Enter neture of injury in	Pert I or Pert II of item 18.)		
MEDICAL	20c. TIME OF INJURY Month, Dey, Year 20d. INJU While at work		CE OF INJURY (Home, farm ory, straet, office bldg., etc		(County)	(Stete)
	21. I certify that (I) (this hospital) attended saw the deceased alive on	/ - /	1 1/1	19.61, to 12/1. W.M., from the causes	/	
	22a. SIGNATURE Affine h. Jon	4 520 M	D. PHYS.	MED. STAFF DIRECTOR PHYS.	1	22b. DATE SIGNED
	PHYSICIAN'S NAME (Type) Stephen N. Jo	nes, M.D.	809 Vie:	rs Mill Rd.	Rockvil	le, Md.

23c. NAME OF CEMETERY OR CREMATORY

Parklawn Cemetery

23d. LOCATION (City, town or county)

25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

Rockville, Maryland

Coting S. Kraus

LIOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be sath. Page 4 may be retained by the hospital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and adjrector, page 3 should be detached for use as the burial-transit permit. Then please remove car be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any avent, we VR A15 (4) 15M 9/60

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE THEREOF

12/7/61

24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. Robert A. Pumphrey, Bethesda, Marylandoate

M. . H real section day Tates offerto 3 1 20' R Stanus-1287 gray, Condot in House hair-happe 2d Cardiac 1 Huymade Repture Left venterlo Ulyresandrat entanct Staphen T. Jones. M.B. . - 809 Wars Mill Cd. Rockville, Nd.

Harrist 12/7/61 Parklawn Generary Gooketlin, Manualina

Robert A. Pumphrey . Betriesda. Maryland Diff 1

IVI	AKILAND STATE DEPARTMENT OF	REALIR
	RESEARCH AND RECORDS, 301 W. PRESTON	STREET, BALTIMORE 1, MARYLAND
14173	CERTIFICATE OF DEATH	14143

	Montgomery	MARYLAND	e. STATE Maryl	ex (Where deceesed lived, If b. COU		
b. (	CITY OR TOWN (if outside corporete limits, write, RURAL ead give neerest town) Bethesda	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (III	outside corporete limits, wri	e RURAL end give r	neerest town)
d. [	NAME OF HOSPITAL OR INSTITUTION (if not in		d. STREET ADDRESS		J. Carrier	. IS RESIDENCE
	Suburban Hospital		4716 Bra	dley Blvd.		YES NO
DE	AME OF CEASED Sylvester	Mette	nburg	4. DATE Mont		Yeer 19 61
5. SEX	r-7 - man	RRIED NEVER MARRIED A	10/16/98	9. AGE (In yeers last birthdey) 63 yrs.	Months Deys	Hours Min.
done o	during most of working life, even if retired)	s. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Count	y & Stete, or foreign country	U.S.	A .
13. FA	ATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
	Conrad Mettenburg	g	Anna	Hellweg		
	AS DECEASED EVER IN U.S. ARMED FORCES? to, or unkown) (If yes give we ror deles of service)	16. SOCIAL SECURITY NO. 17. 1 Unknown	Joseph A. Can (Executor)	Addes	808 17t	h St. NW.
Cc ge	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e)  Onditions, if eny, which by the total cause to immediate cause (b)  DUE TO  DUE TO	per line for (e), (b), end (c).)	of throw	ntasis!	THI	ERVAL BETWEEN
RTIFICATION 00 00 00 00 00 00 00	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO				9. WAS AUTOPSY PERFORMED? YES NO
	Dc. TIME OF INJURY Month, Dey, Yeer 2 Hour e.m.		CE OF INJURY (Home, ferm ory, street, office bldg., etc.		(County)	(State)
şa	. I certify that (I) (this hospital) at aw the deceased alive on	19.6.1, and that	ATTENDING	AM, from the causes  VED. STAFF  IRECTOR PHYS.		
22	Cc. PHYSCIAN'S NAME (Type) W. P. Joy		22d. ADDRESS	le Ridge Ro	ad, Betl	hesda, Mo
23e. B	surial, cremation, 23b. Date thereof moval (Special ran-12/5/61	St. Johns (		Houghton,		(State)
	neral director's signature Robert A. Pumphrey,	ADDRESS	25e. REC	D BY REGISTRAR 256. RI		

Page 4 may be retained by the hospital or attending physician.

C. UNERAL DIRECTOR: After this certificate has been signed by the attending physician and c. et all the state of the state

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Sentani . A Broad.

Burial-Tran-12/5/61 St. Johns Shiren Car. Moustron, Louis Robert t. Eusphrey, Paulinesta, Margiand William

A15 (4)

15M 9/60

#### MARYLAND STATE DEPARTMENT OF HEALTH

14168	CERTIFICATE	OF DEATH			14	138
1. PLACE OF DEATH  a. CMONTGOMERY	MARYLAND	2. USUAL RESIDEN	CE (Where deceas	b. COUNTY HOW		e bafore admission
b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town) Olney	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (		a limits, writa RU		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital)  Montgomery General		d. STREET ADDRESS		,	3x-2	a. IS RESIDENC ON A FARM YES NO
3. NAME OF First DECEASED	izabeth	Mayers	4. DATE OF DEATH	Month 12	Dey 23	Yeer 19 61
5. SEX F 6. COLOR OR RACE 7. MARRIE WIDOWE		B. DATE OF BIRTH  11/3/18990	Inc	GE (In years of the strength o	onths Deys	IF UNDER 24 HRS Hours Min.
nswf •	ND OF BUSINESS OR INDUS	Maryland		ign country)	USA	F WHAT COUNTRY
William Henry Wilso		Elizabe			Marie .	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. (Yes, no, or unkown)   (Ifyesgive werordetes of service)   unknown		NOSpital re	cords	Address		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  Conditions, if eny, which geve rise to immediate ceusa (a), steling the underlying ceuse last.	neefhelo.	Beoneho mlacia hft m	finan leg	neoni 17 cereb	lant.	10 day 3 weeks
PART II. OTHER SIGNIFICANT CONDITIONS CON  2D0. ACCIDENT WAS UNDERLYING   20b. DES OR CONTRIBUTING   CAUSE OF DEATH O (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCUR			Itam 18.)		PERFORMED?
					(C	(61-1-1)
ZDc. TIME OF INJURY Month, Dey, Year 2Dd. While Hour a.m. 19 et wor	Not While fa	ACE OF INJURY (Home, ferr ctory, street, office bldg., etc		town	(County)	(Stete)
21. I certify that (I) (this hospital) attendant to the deceased alive on		at death occured and				
John P Martin  22c. PHYSICIAN'S NAME (Type)	n P Mar		MED. ( )	PHYS.		22b. DATE SIGNI
23a. Byrial, CREMATION, 23b. DATE THEREOF REPOVAL (Specify) 12-28-61  24 FLIDERAL DIRECTOR'S SIGNATURE  ASSENTED TO SURVIVE CONTROLLED TO SURVIVE CONTROLL	HOPKIN  ROCKUILLO	S Church	Hig		TRAR'S SIGNA	

Nonecomery:

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- Swan

William Tenry Wilson Elisabeth Wilson

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	7 /	177			CERTIF	ICAT	E OF	DEA	HTA				1	11	AA	
	LACE OF DEATH				MARY		o. STATI	E		ere decea		. If institution		nce befo	re admiss	sion)
	Montgom  o. CITY OR TOWN (IF RURAL ond give ne- Rural Buck	outside corporate lim orest town)	its, write	c. LENG	MOHE	hs <sup>b</sup>	c. CITY				porote lii	tgome: mits, write R ral	URAL ond	give ne	arest town	n)
_	OR INSTITUTION	n Home	give street	address)	autieur.		d. STRE	ET ADD	RESS				9			FARM?
	NAME OF DECEASED Type or print)	Jesse	rst All	by	Middle Mile			Lost		4. DATE OF DEAT		Dece		31	•	Yeor 19 <b>61</b>
S. :	Male	6. COLOR OR RACE White	7. MAR		DIVORCE		Aug.	26 <b>,</b>	187	7	9. AG	E (In years birthdoy) yrs.	IF UNDE Manths	R 1 YEAR Days	Hours	Min.
10a	during most of work  Fermer	N (Give kind af work ing life, even if retired	dane 10b.	KIND OF		R INDUSTR	RY 11. BIR		(State o	or foreign	country)		12. CI1	TIZEN O	USA	COUNTRY?
13.	George Mi	les					14. MOTH		Bea							
		R IN U. S. ARMED FOI If yes, give war or doles of			SECURITY NO		S. E	lla l	м. в	osle	y R	ockvi.		Md.		
		nmediote (	Ci) Ci	ine for (a)  yeb  yeb  teris	(b), and (c).	Hemlyter	1	hag iele	rosi ve C	is ardi	o V g ·	ocn la	- Ase		ERVAL BE SET AND A S	
CATION	PART II. OTH	ER SIGNIFICANT CON	NDITIONS	CONTRIB	UTING TO DEA	ATH BUT N	OT RELATE	D TO TH	E TERMIN	NAL DISE	ASE CON	DITION GIV	EN IN PA	RT 1(a)	PERFC	AUTOPSY ORMED?
AL CERTIF	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)			OW INJURY O											
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Y Manth, Day, Ye	While		t while work	focto	E OF INJU	office blo	dg., etc.	)   	ity or to	wn)		(County)		(Stote)
	21. I certify tha saw the deceas 220. SIGNATURE 22c. PHYSICIAN'S	t (I) (this haspita	ntt		deceased		D. PHYS.	irred o	_ ME	M, fran	m the	De causes an			stated	(we) last d abave. b. DATE SIGNED
	NAME (Type)	Gordon	M. S	mi	th, M	1.0	/220. A	DDRESS	Yn	sv,	11 0				M	d ·
230	BURIAL, CREMATION REMOVAL (Specify) BURIAL	Jan. 3,	0F 196	2 5	AME OF CEM	ETERY OR	CREMATO	RY			0-1	Grove	Mar	ylar		te)
24.	Francis H		La		odress ville,	Md.			a. REC'I	BY REG	'62	2Sb. REGI	STRAR'S S Intlum			

DESCRIPTION 1786 (50 , 24 . On the contract of the contr The Market of the Control of the Con LIGHT S, MARK CELCE THE PERSON ! TO SERVE STATE OF . Let . aid by mind you are recorded an artist

10 E O VR A1S (4) 1SM 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

14175

14145

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence	before admission)
Montgomery Maryland	o. STATE Maryland b. COUNTY Mont	gomerv
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	ve nearest town)
Bethesda	34 Chevy Chase	
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
CONGressieNa/ Manor Sanitariu	m 4404 Ridge Street	YES NO N
3. NAME OF First Middle	Lost 4. DATE Month	Day Yeor
(Type or print) Savah Hays M.	niley OF DEATH Dec.	15, 1961
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		YEAR IF UNDER 24 HRS.
Te, White WIDOWED DIVORCED	yan. 29 1807 92 yrs.	7073 Mill.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during nots of working life, even if retired)	RY 11. 8IRTHPLACE (State or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
house wife	New York	L. Aa.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
alfred mor decai	Sallie May Nadi	er
	IFORMANT Address	
	rs. N. M. Asbburner-daughte	r-same 2d
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Resheration	Jacki	ONSET AND DEATH
491V DUE TO	1 0	
Conditions, if any, which ) (b) Possell	l anosei	
gove rise to immediate		
lying couse lost.	Son eumon	E-11977 TO
, (0)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY
E Jenerahl alexa	school	PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture af injury in Part I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA		ounty) (Stote)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED foc	tory, street, office bldg., etc.)	
21. I certify that (1) (this hospital) attended the deceased from.	Jan 1 1958 to Day 15 19/1	, that (I) (we) lost
saw the deceased alive on De 13 1961, and that	7 7 6 100	
220. SIGNATURE		22b. DATE
Wellen Am Relloy	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	12/15/61 SIGNED
22c. PHYSICIAN'S	22d. ADDRESS	14 801
NAME (Type) William HENTY KillAX	8218 WISCONSIN IN PETH	ESAN / PM
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF	R CREMATORY 23d. LOCATION (City, town, or county)	(Stote)
Cremation 12/19/61 Cedar Hill	Cemmatory Suitland Mary	l and
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	NATURE
Robert A. Pumphrey, Bethesda, Mar	ryland PANEC 21'61 Contin & the	all

Man English Concusto Little of Distance Consideration

VR A15 (4) 1SM 9/S9

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

17	175	TL	CERTIFI	CATE	OF DEATH				4.4	4.46	•
1. PLACE OF DEATH	7.40	10	<del>5m-7-riin U</del>	2.	USUAL RESIDENCE (Wh	ere decease			ce before	admin	dn)
Montgomer	v		MARYL	AND:	o. STATE Maryland	i	b. county	tgomer	cv		
b. CITY OR TOWN (IF	outside corporate lim	its, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (If o	utside corpo				rest town	)
Takoma P				1	5 Silver	Smin	· cr				
d. NAME OF HOSPITA	AL (If nat in hospital,	give street	address)		d. STREET ADDRESS	oft III	5.			B. IS RESI	DENCE
OR INSTITUTION	0	1	17 - 24 9		33 90C Tan		D 1				FARM?
Washington					11805 Idle						
3. NAME OF DECEASED	Fi	rst	Middle		Last -	4. DATE OF	Mar	ith	Day		Year
(Type or print)			7-2-1		Miller	DEATH	<b>Decembe</b>		1 45 4 5		19 61
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B. D	ATE OF BIRTH		9. AGE (In years lost birthdoy)	Months Months	Doys	Hours	Min.
Male	White	WIDOW	ED DIVORCED		December 9,	1961	, yrs.	11.2			1
10a. USUAL OCCUPATIO	N (Give kind af work ing life, even if retired	done 10b.	KIND OF BUSINESS OR	NDUSTRY	11. BIRTHPLACE (State	or fareign c	ountry)	12.CITI	ZEN OF	WHATC	OUNTRY?
no	ing me, even il remee	'	no		Marylar	nd			Amer	ica	
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN N	NAME					
Ge	orge Pre	ston	Miller		France	A pe	nnette	Syke	9		
15. WAS DECEASED EVER				17. INFO		20 21	Add				
	If yes, give war or dates of	service)	20	15.08	father						
no	no	1	no	1	Tamer				LINITE	DVAL DE	TVA/EENI
IB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:									ONSET AND DEATH		
PART I. DEA	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)  PREMATURITY										
161	DUE TO MASON AR COLLARS FEW HOURS										
Conditions, if or	Conditions, if ony, which ) (b) VASCULAR COLLAPSE FEW HOUR									PUURS	
gove rise to in	mmediate ( DUE TO		~						0		
lying couse lost.		c)	PLA	DEN	MY SEPA	RAT	100		12	EN A	WURS
Z PART II. OTH			CONTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE TERM	INAL DISEAS	E CONDITION GI	VEN IN PAR	T 1(o) 1	9. WAS	AUTOPSY RMED?
PART II. OTH											NO TH
20a. ACCIDENT WA	S UNDERLYING []	20b. DES	SCRIBE HOW INJURY OF	CURRED. (I	Enter noture of injury in	Port I or Por	rt II of item 1B.)			hand	
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH										
	Y Month, Doy, Ye	ear 20d.	INJURY OCCURRED	20e. PLACE	OF INJURY (Home, form	, 20f. (Cit	y or town)	(1	County)		(Stote)
Hour a.m.	19	While	Not while_	foctory	, street, office bldg., etc	:-)					
₹ p. m.	17	at wo	rk ot work		0	57					
21. I certify tha	t (1) (this haspita	l) atten	ded the deceased t	fram	MITER	E~16-	= 7	, 19	, th	at (1) (	we) last
saw the deceas	ed alive an		19, and	that dea	th accurred at	M, fram	the causes ar	nd an the	e date	stated	abave.
22a. SIGNATURE	2	1	, E H H							22	b.DATE SIGNED
A str	est L. 1	frece	leman	M.D	ATTENDING DI	IRECTOR [	STAFF PHYS.				3101120
22c. PHYSICIAN'S	/			317.7	22d. ADDRESS						
Robert I	. Krichman	М.	D.		7733 Ala	aska A	venue. N	.W. W.	ashi	ngto	n. D.
23a. BURIAL, CREMATIO		-	23c. NAME OF CEME	TERY OR C			TION (City, Iown,			(Stat	
REMOVAL (Specify)	1-									,	
Cremation			Mashingto	on Sai	nitarium and	Hosp	ital, Ta	STRAR'S ST	Bark	Md	
24. FUNERAL DIRECTOR		) LI-						O O	Lilling	8. 40	saud
RODELT W.	nare, M. 1	- wa	shington San	nitar:	rum and ones	ortar	100				

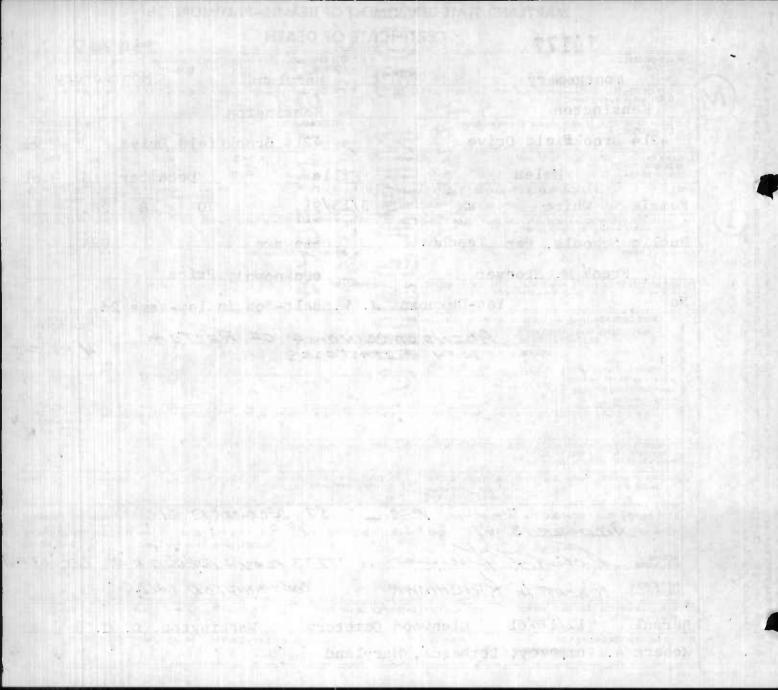
- 2075 254150

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VS A15 (4) 15M 9/5B

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

14	177	CERTIFIC	ATE OF DEAT	Н	Red. Di	stillNdL 17
1. PLACE OF DEATH a. COUNTY Monte	omerv	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Marvl	b	. COUNTY	ce befare admission) tgomery
b. CITY OR TOWN (If autside RURAL and give nearest to Kensingt	corporate limits, write wn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		its, write RURAL and s	give nearest town)
d. NAME OF HOSPITAL (If no OF INSTITUTION 4214 Brook	t in hospitol, give street field Dri	oddress) Ve	d. STREET ADDRESS		ld Drive	e. IS RESIDENCE ON A FARM? YES NO.
3. NAME OF DECEASED (Type or print)	First Helen	Middle P	Miller	4. DATE OF DEATH	Month December	Day Yeor 13 19 6
	OR OR RACE 7. MARK	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 3/15/91	9. AGE last 70	birthdoy) Months	Doys Hours Min
10a. USUAL OCCUPATION (Give during most of working life, Public School	even if retired)	kind of Business or Indu Teacher	ISTRY 11. BIRTHPLACE (State		12. CITI	ZEN OF WHAT COUNTR
13. FATHER'S NAME  Frank  15. WAS DECEASED EVER IN U.	M. Stoeve S. ARMED FORCES? 16. e wor or dates of service)	SOCIAL SECURITY NO.	14. MOTHER'S MAIDEN  (Unkn	own) Pr	ice Address	
18. CAUSE OF DEATH [En	ter only one couse per lin	ne for (a), (b), and (c).]	CINOM 4		aw-same	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, whi gove rise to immedia cause (o), stating the <u>underlying couse</u> lost.	te ( DUE TO		THST4SES			4 month
САТІС	IIFICANT CONDITIONS (	CONTRIBUTING TO DEATH BU				T 1(0) 19. WAS AUTOPS PERFORMED? YES NO
20g. ACCIDENT WAS UNDER OR CONTRIBUTING CAU	SE OF DEATH	CRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in	Part I ar Part II of it	lem 1B.)	
20c, TIME OF INJURY Mon-	th, Doy, Year 20d. II While 19 at wor	Not while fo	ACE OF INJURY (Hame, far actory, street, office bldg., et		n) {(	County) (Sta
21. I certify that I at alive on		ed fram. APRILL., and that death	n accurred a 230 /	ADDRESS (Street, ci	auses and an the	DATE SIGN
PHYSICIAN'S NAME (Type) ROB	ERT L. K	RICHMAR		SHING TO		
22a. BURIAL, CREMATION, 22b. Burial 1	2/16/61	22c. NAME OF CEMETERY C			city, lown, or county)	(Stote)
23. FUNERAL DIRECTOR'S SIGNA Robert A. Pu		ADDRESS ethesda, Mar	24a. REC	D BY REGISTRAR	24b. REGISTRAR'S SIG	

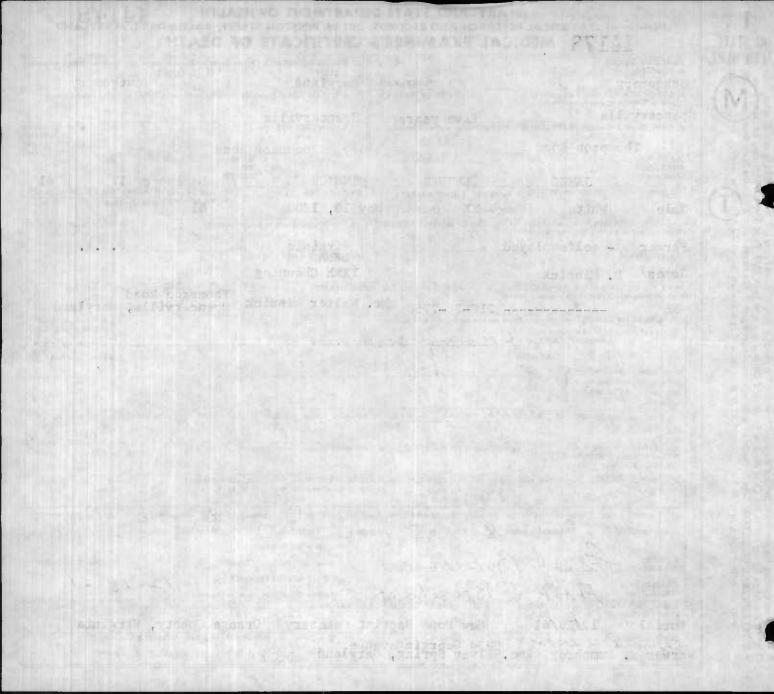


# FOR STATE HEALTH DEPT.

If any delay is necessary, the funeral director. Page be retained for your DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after device it any delay is clease execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, at. — the funeral direction of the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boar or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 7/59

# MARYLAND STATE DEPARTMENT OF HEALTH on of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND 14178 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

i. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)				
	a. STATE Maryland Montgomery				
MONT GOME TY  b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)				
Champany 11a	Characteri 11a /4				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give sifeat addrass)	Spencerville / T d. STREET ADDRESS   0. IS RESIDENCE				
Thompson Road	Thompson Road YES NOTE				
3. NAME OF First Middle	Last 4. DATE Month Dey Year				
(Type or print)  JAMES  LUTHER	MINNICK OF DEATH December 17 19 61				
	. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.				
	ay 10, 1880   last birthday)   Months   Days   Hours   Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
Farmer - selfemployed	Virginia U.S.A.				
IS. FATHER S NAME	14. MENA'S MAIDEN NAME				
James D. Minnick	KXXX Chewning				
	Thompson Road				
(Yas, no, or unkown) (Ifyas give war or detes of service) NO 218 \$\infty 38 \infty 758	. Walter Minnick Spencerville, Maryland				
1B. CAUSE OF DEATH  Enter only one ceuse par line for (a), (b), end (c).]	INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	ONSET AND DEATH				
420.1 DUE TO	an Zel				
Conditions, if any, which (b)					
geve rise to immadiate cause					
(a), staling the undarlying DUETO					
causa lest.	A DELATE TO THE TRUING DISCASS CONDITION ON THE DATE OF THE DELATE OF TH				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?				
	YES NO W				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTION TO DEATH BU	inter neture of Injury in Pert I or Part II of itam 18.)				
	CE OF INJURY (Homa, ferm, † 20f. (City or town) (County) (Slata)				
	ory, street, office bldg., atc.)				
21. I certify that I took charge of the remains described above, he	eld an Autopsy , Inspection , Inquiry , and in my opinion				
death resulted from: Natural causes X. Accident . Suici	ide, Homicide, Undetermined manner				
1	CHIEF MEDICAL EXAMINER				
SIGNATURE Thank I Browhart	M,D. ASSISTANT MEDICAL EXAMINER DATE SIGNED				
EXAMINER'S F. VI. T DA	DEPUTY MEDICAL EXAMINER 12-18-61				
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	Addrass (Streat, city, town, or county)				
REMOVAL (Spacify) Burial 12/20/61 New Hope Bapti:					
DO FINISHAL DIRECTOR OF 1 10 ADDRESS	244 BEC'D BY BECISTBAB LOAL DECISTBAB'S CICMATURE				
Warder E. Pumphrey, Inc. Silver Spring,	aryland DATDEC 20'61 ariling S. Huma				



D. HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after in. Page 4 may be retained by the hospital or attending physician.

UNERAL DIRECTOR: After this certificate has been signed by the attending physician and letely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1/170

CERTIFICATE OF DEATH

2210	TXTXO
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institutions Residence before edmission)
MONTGOMERY MARYLAND	. STATE MARY LAND b. COUNTY MONTGOMER
b. CITY OR TOWN (if outside corposele limits, c. LENGTH OF STAY IN 1b write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
WHEATON 2/ months	DaiLUER SHRING
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS ON A FARM? ON A FARM?
Whealow NURSING HOME	8/12 COLESVILLEDO, YES NO
3. NAME OF DECEASED (Type or print) EVELYN HOLLAND	MONROE DEATH 12 8 196/
5. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	8. DATE OF BIRTH  3-23-1870   9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Deys   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY
Homemaker own home	WAShinglow, D.C. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
NAMES HOLLAND	Margaret Flenner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyesgivewerordelesofservice)	INFORMANT 8712 Colesville Road
No None Mr.	s. Frank J. Rapee Silver Spring, Maryland
18. CAUSE OF DEATH   Enter only one ceuse per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (0)	1 / hrowposis - 5 days
332 X DUE TO	0 4 1 10 40
Conditions, if any, which gove rise to immediate cause	arterio sclerosis +s year
(e), steting the underlying DUE TO	
ceuse lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?
U	YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Pert II of item 18.)
	ACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (Stete) ctory, street, office bldg., etc.)
Hour e.m.  p.m.    While   Not While   of work   of work	crory, street, office blug., etc.)
21. I certify that (I) (this hospital) attended the deceased from	200 3 1001, to 2008 , 161, that (1) (we) las
saw the deceased alive on A-CC 7 196/ , and that	at death occured a 23.7M, from the causes and on the date stated above
	ATTENDING MED. STAFF SIGNER PHYS. DIRECTOR PHYS. 72/8/6
NAME (Type) Neil P Campbell	Legesaw Apt
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY BURIAL 12/11/61 GLENWOOD CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stete) ETERY WASHINGTON D.C.
24 FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
TWARTER B. PUMPERBY. INC.	MARYLAND DATE DEC 13'61 OLILAN & KLAUR

short near total pool provide Ciliveral Script Company of the company of Creek Bell I hereminers 3 6 Section Asset CERCHIEF BATELING COFFICEL Sec 8 A Sec 8 m Acet Des The Ellen I feet 13/11/15 Not To Campbell 1 800 500 ANT THE WALL PROPERTY OF THE PARTY THE REAL PROPERTY AND ADDRESS AND ADDRESS OF THE PARTY OF 

FOR STATE HEALTH DEPT.

EPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death "Exy delay is necessary, page execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3. I funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 74 hours after death.

VS. A15ME 5M 9/60

#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14180 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14150

PLACE OF DEATH   COUNTY   COUNTY   MARYLAND   C. LINGTH OF STAY IN 16   C. CITY OF TOWN (I) outside corporate limits, write RULAL and give mended town)   C. CITY OF TOWN (I) outside corporate limits, write RULAL and give mended town)   C. CITY OF TOWN (I) outside corporate limits, write RULAL and give mended town)   C. CITY OF TOWN (I) outside corporate limits, write RULAL and give mended town)   C. CITY OF TOWN (I) outside corporate limits, write RULAL and give mended town)   C. CITY OF TOWN (I) outside corporate limits, write RULAL and give mended town)   C. CITY OF TOWN (II) outside corporate limits, write RULAL and give mended town)   C. CITY OF TOWN (II) outside corporate limits, write RULAL and give mended town)   C. CITY OF TOWN (II) outside corporate limits, write RULAL and give mended town)   C. CITY OF TOWN (II) outside corporate limits, write RULAL and give mended town)   C. CITY OF TOWN (II) outside corporate limits, write RULAL and give mended town)   C. CITY OF TOWN (II) outside corporate limits, write RULAL and give mended town)   C. CITY OF TOWN (II) outside corporate limits, write RULAL and give mended town)   C. CITY OF TOWN (II) outside corporate limits, write RULAL and give mended town)   C. CITY OF TOWN (II) outside corporate limits, write RULAL and give mended town)   C. CITY OF TOWN (II) outside corporate limits, write RULAL and give mended town)   C. CITY OF TOWN (II) outside corporate limits, write RULAL and give mended town)   C. CITY OF TOWN (II) outside corporate limits, write RULAL and give mended town)   C. CITY OF TOWN (II) outside corporate limits, write RULAL and give mended town)   C. CITY OF TOWN (II) outside corporate limits, write RULAL and give mended town)   C. CITY OF TOWN (II) outside corporate limits, write RULAL and give mended town)   C. CITY OF TOWN (II) outside corporate limits, write RULAL and give limits				
MARYLAND  6. CITY OR TOWN III clutides corporate limits, worke RUBAL and gipt neglest level  9. CITY OR TOWN III clutides corporate limits, worke RUBAL and gipt neglest level  9. CITY OR TOWN III clutides corporate limits, worke RUBAL and gipt neglest level  9. CITY OR TOWN III clutides corporate limits, worke RUBAL and gipt neglest level  9. CITY OR TOWN III clutides corporate limits, worke RUBAL and gipt neglest level  9. CITY OR TOWN III clutides corporate limits, worke RUBAL and gipt neglest level  9. CITY OR TOWN III clutides corporate limits, worke RUBAL and gipt neglest level  9. CITY OR TOWN III clutides corporate limits, worke RUBAL and gipt neglest level  9. CITY OR TOWN III clutides corporate limits, worke RUBAL and gipt neglest level  9. CITY OR TOWN III clutides corporate limits, worke RUBAL and gipt neglest level  10. SERIES ADDRESS  9. CITY OR TOWN III clutides corporate limits, worke RUBAL and gipt neglest level  10. SERIES ADDRESS  9. CITY OR TOWN III clutides corporate limits, worke RUBAL and gipt neglest level  10. SERIES ADDRESS  9. CITY OR TOWN III clutides corporate limits, worke RUBAL and gipt neglest level  10. SERIES ADDRESS  10. SERIES ADDRES	1.		2. USUAL RESIDENCE (Where deceased lived, If institution	: Residence before admission)
B. CLY ON TOWN II dustides probable limits.  With BURKLA and gild needing legal by Many with the William and gild needed town with a wind by the William and gild needed town with a wind by the William and gild needed town with a wind by the William and gild needed town with a wind by the William and gild needed town with a wind by the William and gild needed town with a wind by the William and gild needed town and gild needed			a. STATE b. COUNTY	n Ti
S. HAME OF LOSTIAL O	_		ma	nny
S. HAME OF LOSTIAL O	X	b. CITY OR TOWN (if outside orporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL	end give near at town)
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NAME   STEEN   NO     No	V	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give seet addrass)	d. STREET ADDRESS	
DECEMBER   DEATH   DECEMBER   DEC		X4411, Walsh Street	4411 Walsh St	
S. SEX   S. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years) IF UNDER 12 HS.   IF UNDER 22 HS.   WIDOW 2 HS.   WIDOW 3 HS	3.			Dey Yeer
DIVORCED   DIVORCED   3- 12- 28   Set birthday   Months   Days   Mounts   Min.	1	(Tune or mint)		31 1961
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done daring most of working life, even if resired   A. A.      13		male white WIDOWED DIVORCED	1 12 211 5 7 111111	Days Hours Min.
13. KATHER NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  YES  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).)  PART I. DEATH WAS ACJUSED BY  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).)  PART I. DEATH WAS ACJUSED BY  18. CAUSE OF DEATH SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e)  PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e)  PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e)  PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e)  PROPRIATE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e)  PROPRIATE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e)  PROPRIATE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e)  PROPRIATE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e)  PROPRIATE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e)  PROPRIATE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e)  PROPRIATE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e)  PROPRIATE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.e)  PROPRIATE TO THE TERMINAL DISEASE			Y 11. BIRTHPLACE (State or foreign country) 12. (	CITIZEN OF WHAT COUNTRY?
15. WAS DECEASED EVER IN U.S. ARMED CREET ILG. SOCIAL SECURITY NO. 17. INFORMANT   Nature	1		20.	M-5.a
Yes   W 2   State   W 2   W 2   W 2   W 3   W	13	FATHERS NAME	14. MOTHER'S MAIDEN NAME	
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Secretary   Secr	15 (Y	. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	NFORMANT Address	0.7
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20c. TIME OF INJURY Month, Dey, Yeer Hour e.m.  p.m.  19   Not While at work   et work   factory, street, office bldg., atc.)  21. I certify that I took charge of the remains described above, held an Autopsy   Inspection   Inquiry   and in my opinion death resulted from: Natural causes   Accident   Suicide   Homicide   Undetermined manner    CHIEF MEDICAL EXAMINER   DATE SIGNED  ASSISTANT MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER   Address (Street, city, town, or county)  22e. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)   Burial   1/3/62   Arlington Cemetery   Arlington Virginia    23. FUNERAL DIRECTOR   APPRICATE   APPR	TIFIC		nter nature of injury in Pert I or Pert II of item 18.)	3
21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner  CHIEF MEDICAL EXAMINER  ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)  22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) REMOVAL (Specify) DATE THEREOF PARTINGTON CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)  23. FUNERAL DIRECTOR ADDRESS PARTINGTON		CAUSE OF DEATH.		
21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Natural causes . Accident , Suicide , Homicide . Undetermined manner .  CHIEF MEDICAL EXAMINER .  ACTUAL SIGNATURE . ASSISTANT MEDICAL EXAMINER . DEPUTY MEDICAL EXAMINER . DEPUTY MEDICAL EXAMINER . Address (Street, city, town, or county)  22a. BURIAL, CREMATION, 22b. DATE THEREOF . PARAMETERY OR CREMATORY . DEPUTY MEDICAL EXAMINER . Address (Street, city, town, or county)  22a. BURIAL, CREMATION, 22b. DATE THEREOF . DATE THEREOF . DEPUTY MEDICAL EXAMINER . Address (Street, city, town, or county)  22a. BURIAL, CREMATION, 22b. DATE THEREOF . DATE THEREOF . DEPUTY MEDICAL EXAMINER . DEPUTY MEDICAL EXAMINER . Address (Street, city, town, or country)  22a. BURIAL, CREMATION, 22b. DATE THEREOF . DATE THEREOF . DEPUTY MEDICAL EXAMINER . DEPUTY MEDICAL EX	13		CE OF INJURY (Home, farm, 20f. (City or town) (C	ounty) (Stete)
21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner  CHIEF MEDICAL EXAMINER  ACTUAL SIGNATURE  SIGNATURE  ACTUAL SIGNATURE  ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  Address (Street, city, town, or county)  22a. BURIAL, CREMATION, 22b. DATE THEREOF  REMOVAL (Specify)  REMOVAL (Specify)  BURIAL  APPLIANCE	B	at week [] at week []	bry, street, office bidg., atc.)	
death resulted from: Natural causes Accident, Suicide, Homicide, Undetermined manner  CHIEF MEDICAL EXAMINER  ACTUAL SIGNATURE  BY AND ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  Address (Street, city, town, or county)  22e. BURIAL, CREMATION, 22b. DATE THEREOF  REMOVAL (Specify)  REMOVAL (Specify)  Burial  Arlington Cemetery  Arlington Virginia  24e. REC'D BY REGISTRAR  24e. REC'D BY REGISTRAR  ADDRESS  ACCIDENT  CHIEF MEDICAL EXAMINER  DATE SIGNED  (State)  CHIEF MEDICAL EXAMINER  ACTUAL  ACTUAL  ASSISTANT MEDICAL EXAMINER  Address (Street, city, town, or county)  22e. BURIAL, CREMATION, 22b. DATE THEREOF  REMOVAL (Specify)  APPLIANCE	Z	Pente 17 1 Eu Eu 1	Id an Autonsy I Inspection I Inquiry	and in my oninion
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ACTUAL SIGNATURE  BERMINER'S NAME (Type)  22e. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)  Burial  1/3/62  Arlington Cemetery  Arlington Cemetery  24e. REC'D BY REGISTRAR'S SIGNATURE  DATE SIGNED  DATE SIGNED  ACTUAL SIGNATURE  DATE SIGNED  ACTUAL SIGNATURE  DATE SIGNED  ACTUAL SIGNATURE  DATE SIGNED  DATE SIGNED  ACTUAL SIGNATURE  DATE SIGNED  ACTUAL SIGNATURE  DATE SIGNED  ACTUAL SIGNATURE  DATE SIGNED  DEPUTY MEDICAL EXAMINER   1/2 - 31 - 61  DATE SIGNED  ACTUAL SIGNED  DATE SIGNED  ACTUAL SIGNED  ACTUAL SIGNATURE  DATE SIGNED  ACTUAL SIGNED  ACTUAL SIGNED  ACTUAL SIGNED  DATE SIGNED  ACTUAL SIGNED  DATE SIGNED  ACTUAL SIGNED  ACTUAL SIGNED  DATE SIGNED  ACTUAL SIGNED  DATE SIGNED  ACTUAL SIGNED  DATE SIGNED  ACTUAL SIGNED  ACTUAL SIGNED  DATE SIGNED  ACTUAL SIGNED  DATE SIGNED  ACTUAL SIGN		A A A A A A A A A A A A A A A A A A A	u.s	
EXAMINER'S NAME (Type)  22e. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)  Burial  1/3/62  Arlington Cemetery  Arlington, Virginia  ADDRESS  AMERICAL EXAMINER  1/2-31-61  22c. NAME OF CEMETERY OR CREMATORY  22d. LOCATION (City, town, or country)  (State)  Arlington, Virginia  24b. REGISTRAR'S SIGNATURE		BOTHER H. A.A. B.		DAME GLOSIED
REMOVAL (Specify)   April		SIGNATURE THANK IT INDICTION	M.D.	
REMOVAL (Specify)  Burial 1/3/62 Arlington Cemetery Arlington, Virginia  23. FUNERAL DIRECTOR 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE		NAME (Type) /- ANK J. Broschar	Address (Street, city, town, or county)	
Burial 1/3/62 Arlington Cemetery Arlington Virginia  23. FUNERAL DIRECTOR  ADDRESS  ADDRESS  ADDRESS  APRICO BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	22		CREMATORY 22d. LOCATION (City, town, or count	fry) (State)
23. FUNERAL DIRECTOR ADDRESS 246. REGISTRAR 246. REGISTRAR'S SIGNATURE	1		emetery Arlington, Vi	rginia
Robert A. Pumphrey, Bethesda, Maryland 18 3 '62 Chilling S. Haus	2	3. FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S	SIGNATURE
	1	Robert A. Pumphrey, Bethesda, Mary	yland Jan 3 '62 Chillin S. H	Trava

esand greaturing SASBOW VOCAS LE LISTATE REINE TISE A THE TAX OF THE PARTY OF THE PROPERTY. 12/3/62 Robert A. Pauphrey, Latheads, Haryland ...

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S OF . PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before admission) COUNTY Jaruxano ontaromeru MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) files. b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL and give neeres towe) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) Board e. IS RESIDENCE 0 ON A FARM? YES NO Danitarium 7 Last DATE Month Year DECEASED OF (Type or print) DEATH Moore Saac 19 601 an 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. with dast birthday) Months Deys may 2 wi WIDOWED [ DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) -arbenter-Maruland pages 1 within 13. FATHER'S NAME saa c 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes giva war or datas of service) 578 14 5616 Moore - Armu Sames CAUSE OF DEATH [Enter only one cause ber line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office DUE TO burial Conditions, if any, which (b) geve rise to immediate cause DUE TO (e), stating the underlying Examiner cause lest. used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? Pe NO VC Ca Abb. DESCRIBE HOW INJURY OCCURED. (Enter refure of injury in Part I or Part II of item 18.) pino 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH. Chief 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) fectory, street, office bldg., etc.) While Not While Hour a.m. forwarded to the C al work at work prior p.m. 21. I certify that I took charge of the remains described above, held an Autopsy 🗍 . Inspection 📈 Inquiry V and in my opinion Natural causes Accident Suicide Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER should be forward by FUNERAL DII ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE ' DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22a. BURIAL CREMATION. (State) REMOVAL (Specify) Dec. 7,1961 Montgomery Co... Maryland 0 6 Burtonsville Union Cemetery Burial 23 FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE Silver Spring, Md. VS. AISME arthur S. Homes PAREC 6 INC. 8434 Georgia Ave. SM 9/60

STATE DEPARTMENT

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#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14129

4 4 1-13

MI=			
A	PLACE OF DEATH     COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution ke	sidence before admission)
/	MICNTG-CATERY MARYLAND	a. STATE HID b. COUNTY	SA
	b. CITY OR TOWN (if outside corporete limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and	
	write RURAL and give nearest town)	REPEA	1 1.0
1-	BETHESDA 9 DAYS	DERET	XX.3
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	IS RESIDENCE     ON A FARM?
	6101 DUNLEER COURT	LUI S. KUCKY NIVER DRIVE	YES NO
1	3. NAME OF First Middle DECEASED	Last 4. DATE Month	Dey Yeer
	(Type or print) EDNA STEWART	MORGAN DEATH DECEMEN -	5 196
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B		
1	FEMALE CAUCASID WIDOWED DIVORCED J	ANG 1993 ES yrs. Months D.	eys Hours Min.
Î	10a. USUAL OCCUPATION (Giva kind of work   1Db. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or foreign, country)   12. CITIZ	EN OF WHAT COUNTRY?
I	OFFICE WORKER REAL ESTATE	PCLAND OHIO COUTY	S, A.
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	DAVID HAMMIND STEWART	SARAH FRANCES GIFS	r
		NFORMANT Address	R THENES
	(Yes, no. or unkown) (Ifyesgive war or dates of service) 3 2270-325-3 Mp.	S. HOMER THRALL GILL DONLEER C	DETHENA,
=	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]		INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY:	PLI DICKARY FORMS	SHISET AND DEATH
1	IMMEDIATE CAUSE (6)	Chicken't Chemy	1
	DUE TO COA SCCTULE	HEART THUMP	15 WEEKS
1	Conditions, if eny, which gave rise to Immediate couse	MEAN PAILUE	10 WEEKS
1	(a), steting the underlying DUE TO	1 TUELDO TON	151 CVE
T	ceuse lest. (c) / (8) CAN P	TOTAL C / 1014	126666
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(e) 19. WAS AUTOPSY PERFORMED?
	GENERALIZED ARTERILISCL	ER 0515	YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO FOR CONTRIBUTING TO DEATH BUT NO COURED OF CONTRIBUTING CAUSE OF DEATH OF CAUSE	. (Enter nature of injury in Pert I or Pert II of item 18.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
	20c. TIME OF INJURY Month, Dey, Yeer   2Dd. INJURY OCCURRED   20c. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (Count	y) (Stete)
	at weath at weath	ory, street, office bldg., etc.)	
	p.m. 17	NOV. 27 1961, to DEC. 5 196	(, that (I) (we) last
	21. I certify that (I) (this hospital) attended the deceased from.	death occured at P.M. from the causes and on the	
	saw the deceased alive on 19	death occured argy., from the causes and off the	22b. DATE
	City 1 / Marin	D. PHYS. MED. STAFF	SIGNED SIGNED
1	22c. PHYSICIAN'S	22d. ADDRESS	o me
	NAME PTYPE JOSE PH D. CONNER	9420 CLD GEORGETOWN	A DETHENA
-		OR CREMATORY 23d. LOCATION (City, town or county)	(Stete)
F	Burial-Transit 12/6/61 Lake Park (	Cemetery   South Youngstow	n, Ohio
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	GNATURE
	Robert A. Pumphrey, Bethesda, Mary	yland DEC 7 '61 Cuther S. Know	<b>A</b>

letely filled in by the funeral pace. Pages 1 and 2 should A HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the Page 4 may be retained by the hospital or attending physician.

\*\*CUNERAL DIRECTOR: After this certificate has been signed by the attending physician and the letter of the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pergs. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death H VR A15 (4) 15M 9/60

十五日十五十五日十二日十二日十二日十二日十二日十二日 The second secon TEACHER STEADER AND SHE THE STATE OF THE S SERVED ONE CARAST TO SERVED SONO WAS DAVED HANDELD ITEMATED DAVAGE PRANCE THE DESCRIPTION OF STREET STREET AS A SOCIAL PROPERTY OF THE PR LONGETHER HEART WHENE Marie Profile Telephone LINE TEXTILITY TO THE WAR IN SELECT THE KOMEST OF THE STATE OF THE TOSE OF THE CONTRACT PARTY OF THE PROPERTY OF Serial-Trensit IT/5/61 Lake Park Genetary | South Youngstonn : this Robert A. Pumplarey, Belinesda, Maryland out will be and

14183 CERTIFICATE OF DEATH Reg. Dist. No. 415 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNT b. COUNTY MARYLAND funerol d b. CITY OR TOWN (If ourside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give neatest town) Belherde d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO D 2 NAME OF DECEASED 4. DATE Middle First Lost Month Yeor OF DEATH RCRMBER 0121 00 (Type or print) 19 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED Months DIVORCED | WIDOWED [ 10a. USUAL OCCUPATION (Give kind of work dorie) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 16. SOCIAL SECURITY NO. 17. INFORMANT INTERVAL BETWEEN ONSET, AND DEATH 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO [ 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY 20d. INJURY OCCURRED (Slote) Month. Doy, Year (County) foctory, street, office bldg., etc.) Hour o. m While Not while of work of work 21. I certify that I attended the deceased from DEC = 6, 19 61, to DEC 6, 19 61. that I last saw the deceased 19 Sel , and that death accurred at 7:00 PM, from the causes and an the date stated above. DATE SIGNED ACTUAL PHYSICIAN'S ANDERS THEODORE NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) SUBURBAN HOSPITAL CEMATION 240. REC'D BY REGISTRAR FUNERAL DIRECTOR'S SIGNATURE \_\_\_ . ADDRESS 24b. REGISTRAR'S SIGNATURE Circhur & Kraya

ofter death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

HTASO TO STADRIFFICATE OF DEATH

#### MARYLAND STATE DEPARTMENT OF HEALTH

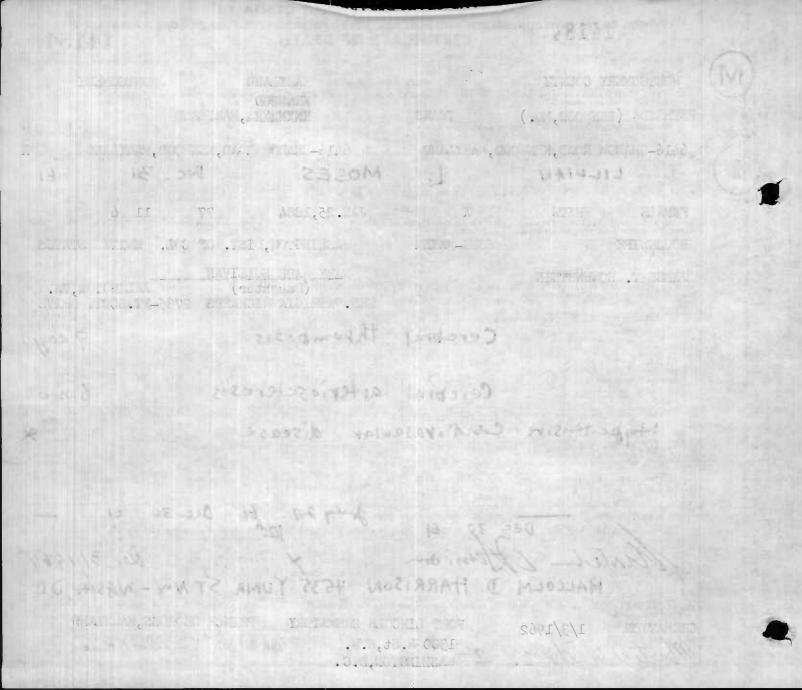
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11151 CERTIFICATE OF DEATH

OLK III I UM	o plani	TATAL
. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased livad, If ins	
o. COUNTY MONTGOMERY COUNTY MARYLANE	e. STATE MARYLAND b. COUNTY	ONTGOMERY
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1		
write RURAL and give nearest town)	MENWOOD MADYE AND	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE
		ON A FARM?
6/16-SHADOW ROAD, KENWOOD, MARYLAND	6416-SHADOW ROAD, KENWOOD,	MARYLAND YES NO X
DECERCED .	A OF D	71
		21 1961
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		UNDER 1 YEAR IF UNDER 24 HRS.
FEMALE WHITE WIDOWED X DIVORCED	JAN. 25, 1884 77 yrs.	11 6
De. USUAL OCCUPATION (Give kind of work lone during most of working life, even if retired)	STRY 11. BIRTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY
HOUSEWIFE HOME-MAKER	WASHINGTON DIST. OF COL.	UNITED STATES
FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
JAMES T. HOWENSTEIN	MARY WADE SULLIVAN	
. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17		ARLINGTON, VA.
(es, no, or unkown) (Ifyesgivewerordetesofservice)	, , ,	FT SCOTT DRIVE
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	thrombosis	ONSET AND DEATH
IMMEDIATE CAUSE (e)	Tich am bosis	y days
-3 3 DUE TO		
Conditions, if any, which (b)		
(e), stating the underlying DUE TO	arteriosclerosis	hmo
Couse lest.		ש או פ
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	I IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  THE PERSON OF CONTRIBUTING OF		YES NO
206. ACCIDENT WAS UNDERLYING ☐ 206. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING ☐ CAUSE OF DEATH	RED. (Enter nature of injury in Pert I or Pert II of item 18.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)		
	PLACE OF INJURY (Home, ferm, 20f. (City or town)	(County) (State)
Hour a.m. While Not While p.m. 19 et work et work	fectory, street, office bldg., etc.)	
21. I certify that (I) (this hospital) attended the deceased fro	m July 27 , 1961, to Dec 30	1961. that (1) (wa) la
	nat death occured at 20.M, from the causes ar	
saw the deceased alive on	ial death occured all 170.M, from the causes at	22b. DATE
Malal Attenian	ATTENDING MED. STAFF	Da 3/10 SIGNE
22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS. []	we. 1,190/
NAME (Type) MALCOLM D. HARRISO		- WASH DC
		or county) (State)
REMOVAL (Specify)	TO THE CHARLE	
REMATION 1/3/1962 FORT LINCOL		S, MARYLAND
FUNDRAL DIRECTOR'S SIGNATURE 1300 N. St		STRAR'S SIGNATURE
Warlen W. Hyrong O-WASHINGTO	DATE	2. / 0.000
a a		

funeral executed within 24 hours after Impletely filled in by the progress 1 and in 72 hours after dearn. HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be sath. Page 4 may be retained by the hospital or attending physician.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please remove cark be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, will

VR A15 (4) 15M 9/60



by the funeral of 1d 2 shauld be fil

and .=

		RYLAND STATE E STATISTICAL RESEARCH A CERTIFICA			RYLAND	1.11	55
1. PLACE OF DEATH o. COUNTY Mor	14185	MARYLAND	2. USUAL RESIDENCE (Who STATE Dist. of	Col.	b. COUNTY	n: Residence bef	are admission)
b. CITY OR TOWN RURAL ond give r	If autside carporate limits, write learest town)	c. LENGTH OF STAY IN 16	c. city or town (if o		limits, write RU	RAL and give no	earest town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, give street er Rest Home	address)	d. STREET ADDRESS	rworth	St.,	N.W.	e. IS RESIDENCE ON A FARMY YES NO [
3. NAME OF DECEASED (Type or print)	Jane	Middle	Mullikin	4. DATE OF DEATH	Dec		Pay Year 6.
s. sex Female	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9-29, 1864		GE (In years part birthdoy)  97 yrs.	Months Days	Hours Mir
10a. USUAL OCCUPATI during most of wor At hor 13. FATHER'S NAME	ON (Give kind of wark dane 10b. rking life, even if retired)	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stote  Washingt  14. MOTHER'S MAIDEN N	on, D.			S.A.
	Burgess		Elizabet	h Cann			
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES? 16.		Annie Wood,	4620 B	utterv	orth S	st. N.W
	ATH [Enter only one cause per li ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ne for (a), (b), and (c).]	ic cardingae	sculat 1	listu	40	TERVAL BETWEEN
Canditians, if a gave rise to couse (a), stating lying couse last.	the under-						1
PART II. OT	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	INAL DISEASE CO	NDITION GIVE	N IN PART 1(a)	19. WAS AUTOP PERFORMED? YES NO

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED Hour a.m. While Not while of work O

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

22d. ADDRESS

20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn)

foctory, street, affice bldg., etc.)

21. I certify that (I) (this haspital) attended the deceased t	fram. 99-19-1-19-27, to	a 1 125   19 101, that (1) (1) las
saw the deceased alive an 1961, and	that death accurred atM, fra	am the causes and an the date stated above
220. SIGNATURE		22b. DATE
James V. Kerry	M.D. ATTENDING MED. DIRECTOR	STAFF SIGNED

22c. PHYSICIAN'S NAME (Type)

p. m.

Damascus, Md. 23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, tawn, ar caunty)

Washington,

26 FUNERAL DIRECTOR'S SIGNATURE

23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)

ort Lincoln
ADDRESS, Wash Fort Cemetery

25a. REC'D BY REGISTRAR 161 DATE DEC 8

25b. REGISTRAR'S SIGNATURE O Thur S. Kraus

(County)

(Stote)

(Stote)

SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 campletel Then please remave carbon papers. and in any event, within 72 haurs of attending physician and e revained by the haspital ar attending physician. page 3 should be detached far use as the burial-transit permit. the State Board of Health prior to burial, crematian, or remaval, 10

VR A1S (4) 1SM 9/S9

tag 10 . tag transferred Let A SEC Dust beruggett Tt. THE PERSON NAMED IN COLUMN elenel . . . a new to the name of Amate Wood, eggo Hytermarki St. T. Demandur, He. Bruce 18-Cattle Committee Committee

cian and carbot steely filled in by the funeral ove carbot steels. Pages 1 and 2 should agent, within 72 hours after death. TC-CORPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after page 4 may be retained by the hospital or attending physician.

TO CUNERAL DIRECTOR: After this certificate has been signed by the attending physician and content of the plant o M

VR A15 (4) 15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

14156

1. PLACE OF DEATH  e. COUNTY			CE (Whare daceesed live		ence before admission)
MONTGOMERY	MARYLAND	a. STATE	MARYTAND b. C	OUNTY	NTCOMERY
b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town)  BETHESDA	c. LENGTH OF STAY IN 16	11	If outside corporete limits,	write RURAL end give	neerest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in he		d. STREET ADDRESS	V V J J J J J J J J J J J J J J J J J J		a. IS RESIDENCE
		7770 0	7.4.077.070		ON A FARM?
SUBURBAN First	Middle	Lasi	LAGETT DR.	Aonth Day	
DECEASED	Widdle	Ldsi	OF	tonin Day	y Teer
(Typa or print) BELVA M			DEATH	DEC. 7	19 61
5. SEX 6. COLOR OR RACE 7. MARR	IEDY NEVER MARRIED B	. DATE OF BIRTH	9. AGE (In )	ley)   IF UNDER 1 YEAR	
Female white WIDOW	ED DIVORCED	1./72/71		rs. Months Deys	Hours Min.
10e. USUAL OCCUPATION (Give kind of work   10b.	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cour	nty & State, or foreign cou	ntry)   12. CITIZEN	OF WHAT COUNTRY?
done during most of working life, aven if retired)		UIR	BINLIA	77 0 1	
HOUSEWIFE  13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	U.S.A	1
I IIII BA	(10	1 , 1	- R	20211	
LEVI 100	665	GOLDI	EDG	RRY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 (Yes, no, or unknown) (Ifyesgivewerordetesofservice)	S. SOCIAL SECURITY NO. 17. 1	NFORMANT	Ad	dress	
NO	NONE				
18. CAUSE OF DEATH [Enter only one ceuse per	line for (e), (b), end (c).]	11			NTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e)	REBRAL L	JEMGAAN HA	14E		4/11/21
DUE TO			0		1-1-1-
	PREBABL B	PTERIOSLE	13081		Taylons
geve rise to immedieta ceuse	14/3/10/	KICKLOSE	12031		a yels 2
(e), steting the underlying DUE TO		2 - 42 h - A	, ~ /1 -	-7	7
cousa last. (c) Ay		RTERIOSTENO		DISCONF	- XO YELL
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION	GIVEN IN PART 1(e)	19. WAS AUTOPSY PERFORMED?
3 CERONDAVI -TARON	MB0515 - D	LEBETTS	MeLLITL	1.5	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CO.  COROLLES IGNIFICANT CONDITIONS CO.  COROLLES IGNIFICANT CONDITIONS CO.  COROLLES IGNIFICANT CONDITIONS CO.  CO. CO. CO. CO. CO. CO. CO. CO. CO. CO.	SCRIBE HOW INJURY OCCURED	. (Enter neture of injury in	Pert t or Pert II of item 1B.		
	. INJURY OCCURRED   200. PLA	CE OF INJURY (Home, ferr	n, 20f. (City or town)	(County)	(Steta)
20c. TIME OF INJURY Month, Dey, Yeer 20d Hour e.m. Whi		ory, street, office bldg., etc		(004)	(31010)
			1	- 0	
21. I certify that (I) (this hospital) atte	nded the deceased from	Pugust.	196.1. to DECY	MFER, 196/,	that (I) (we) last
saw the deceased alive on A.C.L. m. 1.3	92.7.196/, and that	death occured ab./.	M, from the cau	ses and on the	date stated above.
22a SIGNATURE		711111111111111111111111111111111111111	MED. STAFF	_ ^	22b. DATE SIGNED
Month & x asintic	19 EL M		DIRECTOR PHYS.	- seo	74/en 7, 1961
22c/PAYSICTAN'S MAME (Type)		22d. ADDRESS 3	LULIU MO	8. alle	aml
238. BURIAL, CREMATION, 236. DATE, THEREOF	23c, NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (CIT	town or count	(Stete)
TEMOVAL (Specify)	Mesta		P	1 11	1,
purial 12/10/60	MEdde	las as	10US	1d, Un	genea
24 FUNERAL DIRECTOR'S SIGNATURE 133/E	monda leve	_ 1 25a. REG	C'D BY REGISTRAR 25b		11
The The	elle and	DATE	DEC 13'61	Cirhun S. 1	Channe .

VIRGINIA TIEN BOLDIE BEERY LEVI BOGGS No None Shall shall be the the said pure 27.

d detely filled in by the funeral rook, epers. Pages 1 and 2 should within 72 hours after death. The law requires that the death certificate be executed within 24 hours after HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be expected. Page 4 may be retained by the hospital or attending physician.

TO UNERAL DIRECTOR: After this certificate has been signed by the attending physician and a director, page 3 should be detached for use as the burial-transit permit. Then please remover and be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within VR A15 (4)

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ALABYI AND	CTATE	DED A DEMENIE	OF	LIP AT TH
MAKILAND	SIAIE	DEPARTMENT	UF	REALIE

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

14187

CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceesed lived, If institution: Residence before admission)
MONTGOMEN MARYLAND	a. STATE
b. CITY OR TOWN (if outside/corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAVA d give nearest town)
Twrite RURAL and give nearest town)	B. 12. 14 100
Brookmont. 5 yrs	Drook MONT
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  a. IS RESIDENCE ON A FARM?
4103 Maryland Ave.	1403 Maryland Ave YES NOD
3. NAME OF First Middle	Last 4. DATE Month Day Yeer
(Type or print) UOSEPHINE EILEN	Mutchlet DEATH Dec. 20, 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.    Months   Days   Hours   Min.
TEMBLE White WIDOWED DIVORCED	Nov. 8, 1875 86 yrs. Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work   106. KIND OF BUSINESS OR INDUSTI	RY 11. SIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
done during most of working life, ere if retired)	Washington AC. USA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
M'11' E D . 1.	14
WILLIAM E. DUPPOUGNS.	Mary Alice Frizzell.
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL STOURITY NO.   17. (Yes, no. of unkown)   (Ifyesgive werordeles of service)	
No - Nove	da Johnson, Sisten, Same as #2
18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).)	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY I CENTRO WASHINGTON	Liminating 12 his
331 X DUE TO .	
leading of	unclines year
Conditions, if eny, which geve rise to Immediate ceuse	
(a), stating the underlying DUE TO	te melling new
cause last. (c)	3
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8UT NO  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
13	YES NO
20e. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH	D. (Enter nature of injury in Pert I or Pert II of item 18.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Dey, Year   20d. INJURY OCCURRED   20e. PL	ACE OF INJURY (Home, farm, † 2Df. (City or town) (County) (State)
at week a standard and a standard an	tory, street, office bldg., etc.)
P.100	No. 14 CO to All to All to
21. I certify that (I) (this hospital) attended the deceased from.	
saw the deceased alive on	death occured at 2.P.M, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF SIGNED
guden / contre	A.D. PHYS. Y DIRECTOR PHYS. 12-20-61
22c_PHYSICIAN'S	22d. ADDRESS
NAME (Type) ANDREW TESSITORE	114 Courthoun 160 JW Vilmon Vin
23a. BURIAL, CREMATION, 23b. DATE THEREOF  PENOVAL (Specify)  23c. NAME OF CEMETERY  PANOVAL (Specify)	
SUPIAL LACE. 20, 1101	111111111111111111111111111111111111111
WW Chambers Co. 3072-M. St. N. Y.	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
Wash,	C. DATE

28197 A THE RESIDENCE OF THE STATE OF THE PARTY OF THE SELECT OF THE PARTY OF THE SELECTION William Or of the William Commence of the State of the St

DIVISION OF STATISTICAL RESEARCH 14188 CERTIFICATE OF DEATH 14 Film (30) 12. USUAL RESIDENCE (Where decessed lived, If institution: Rasidence bafore admission) funeral Items 13 . PLACE OF DEATH a. COUNTY a. STATE OTTO b. COUNTY the d MONTGOMERY MARYLAND c. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town) pue b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 à write RURAL and give nearest town) .5 -URBANA Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS Suburban Hospital pletely 3. NAME OF First DATE" Middla Month DECEASED (Type or print) OLTVE DEATH MYERS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | 8. DATE OF BIRTH last birthday) WIDOWED T DIVORCED Female. physician 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY! 11. BIRTHPLACE (County & State, or foreign country) гето dona during most of working life, even if retired) NXXXX HOMEMAKER ----OWN HOME 14 MOTHER MAIDEN NAME 13. FATHER'S NAME please attending and Smithyyphythy XUNKNOWN/ Sarah Jane Hart Jarnagin Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address oval (Yes, no, or unkown) | (If yes give war or dates of service) 1205 Teldon Street Clarence Myers the Wheaton, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **burial-transit** DUE TO Conditions, if any, which (b) gava risa to Immediate causa DUE TO (a), stating the underlying has cause last. the PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(B) 19. WAS AUTOPSY certificate as use prior 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part II or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [7] for OR CONTRIBUTING CAUSE OF DEATH may be retained by the DIRECTOR: After this 3 should be detached for (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, tarm, : 20t. (City or town) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work n m 1. to... and that death occured and from the causes and on the date stated above saw the deceased alive on. 22a. SIGNATURE ATTENDING MED. STAFF PHYS. PHYS. DIRECTOR ath. Page 4 22c. PHYSICIAN'S 22d, ADDRESS NAME (Type) 10.620 GEORGIA AVENUE, SILVER SPRING, MD. filed v 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. REMOVAL (Specify) GLEN HAVEN CEMETERY BURIAL 12/7/61 SPRINGFIELD, CLARK CO. OHIO 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 8434 DEC 6 PURP ( SILVER SPRING, MARYLAND '61 Cirthur S. Thous

VR A15 (4)

15M 9/60

PRESTON STREET, BALTIMORE 1, MARYLAND

DATE

. IS RESIDENCE ON A FARM?

YES NO.

Year.

19 67

IF UNDER 24 HRS.

Hours

TT C A

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

W NO

(State)

22b. DATE

(State)

SIGNED

.., 19(a. f., that (I) (we) last

12. CITIZEN OF WHAT COUNTRY?

Months

Days

(County)

TANK BURNON OF THE BOOK And the state of t THE RESIDENCE OF THE REAL PROPERTY OF THE PERSON OF THE PE 

### FOR STATE HEALTH DEP

Leave delay is necessary, ne function. Page to the files.

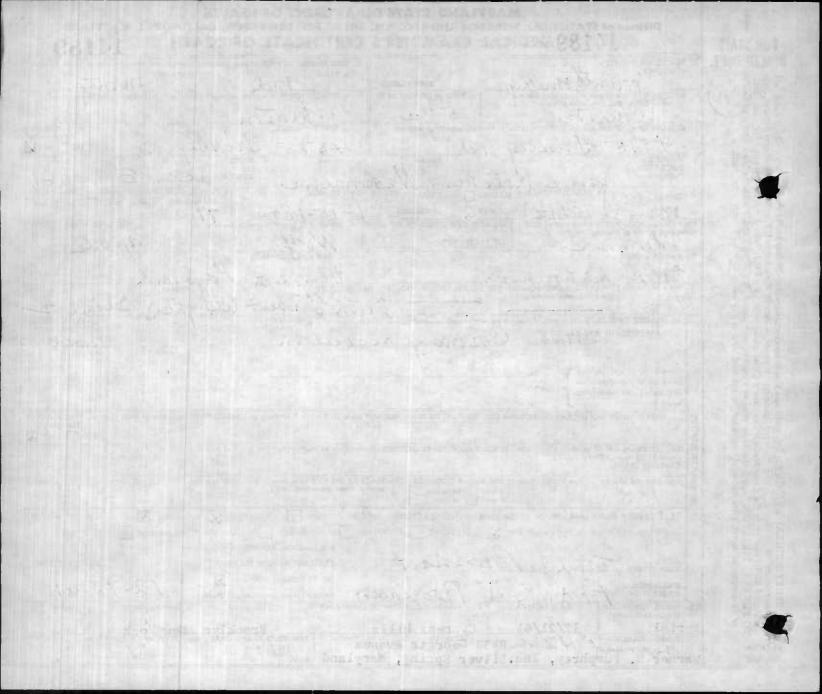
DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after deal. If any delay is rease execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3. The funeral direction of the Chief Medical Examiner's Office along with form PM3. Page 5 may 2.3 retained for you TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Five pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 7.2 hours after death. VS. A15ME

5M 9/60

#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14159

	1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Whare dacaasad lived, If institution: Residence before edmission	n)
1		montgomera Maryland	a. STATE b. COUNTY manta	
)		b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town)	
/		write RURAL and give pearest town)	351N. T	
.,		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	2
X		4511- 2/2:00- 21	ON A FARM	?
	3	NAME OF First Middle	45 15 Suelly Ref YES NOW	1
		DECEASED \	Lest 4. DATE Month Dey Year	
		(Type or print) James Ketchem Net	meus DEATH 18C. 18 1961	
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED   B.	DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.	_
		male white WIDOWED DIVORCED	1-15-1890 71 yrs. Months Deys Hours Min.	
		I. USUAL OCCUPATION (Give kind of work   10b, KIND OF BUSINESS OR INDUSTRY ne during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY	Y?
	001	LO.	N. 4. 2. 3.C.	
1	13.		14. MOTHER'S MODEN NAME	
)		Mala Walnus	91. 1 R. 1	
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES?   16, SOCIAL SECURITY NO.   17. II	NEORMANT YEARTH TYMOUSE	_
	(Y6	s, no, or unkown) (If yes give war or dates of service)	1-1 el 7/2 1 CAW 17 1 CA	
		NO LA CALIFOR OF DEPORT IS	ith filler (apople) Shin 2	path.
		1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART 1. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH	
			clusion suchlan	
		420.1 DUE TO		
		Conditions, if any, which (b)		
λ		gave rise to Immadiata cause (a), stating the underlying DUE TO		
		cause last. (c)		
	z		RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY	=
	ATI		PERFORMED? YES NO DET	,
	THC	20%. EXTERNAL CAUSE WAS   20%. DESCRIBE HOW INJURY OCCURED. (Er	nter natura of injury in Pert I or Part II of Item 18.)	-
	CERTIFICATION	PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.		
	MEDICAL		CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)	-
	MED	Hour a.m. While Not While tacto	ry, street, office bldg., etc.)	
		21. I certify that I took charge of the remains described above, held	d an Autopsy , Inspection , Inquiry , and in my opinion	-
		death resulted from: Natural causes 17. Accident 7. Suicident 7.		
		1 Sales	CHIEF MEDICAL EXAMINER	
		ACTUAL HE A A BANTON A		
2		SIGNATURE MUND 4- 1 211-2010	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED	
		EXAMINER'S ELACUV T PA	DEPUTY MEDICAL EXAMINER 2 12-18-61	
	220	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR	Address (Sirear, City, fown, or county)	===
	228.	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or country) (Stele)	
		rial 12/21/61 Cypress Hills	Brooklyn New York	
	23.	FUNERAL DIRECTOR A Ziska 8434 Georgia Avenu	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	
	Wa	rney E. Pumphrey, Inc. Silver Spring, Man	ryland DATE 22'61 without & trans	



MARYLAND STATE DEPARTMENT OF HEALTH

Suburban Hospital  Suburban Hosp	ry
Montgomery  b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town)  Be the sda  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give streat addrass)  Suburban Hospital  3. NAME OF DECEASED (Typa or print)  Louise  Newkirk  Maryland  Montgome:  C. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest limits, write RURAL end give	. IS RESIDENCE ON A FARM? ES NO
b. CITY OR TOWN (if outside corporate limits, write RURAL end give neeres write RURAL end give neeres limits, write RURAL end give neeres	. IS RESIDENCE ON A FARM? ES NO
writa RURAL end give negrest town) Bethesda 27 days  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give streat address)  Suburban Hospital  3. NAME OF DECEASED (Typa or print) Louise Newkirk Nelson  5. SEX   6. COLOR OR RACE   7. MARRIED     8. DATE OF BIRTH   9. AGE (In yeers   IF UNDER 1 YEAR   IF U   lest birthdey)     Months   Days   Ho	. IS RESIDENCE ON A FARM? ES NO
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat addrass)  Suburban Hospital  3. NAME OF DECEASED (Typa or print)  Louise Newkirk Nelson  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 1	ON A FARM?
Suburban Hospital  3. NAME OF DECEASED (Typa or print)  Louise Newkirk Nelson  5. SEX   6. COLOR OR RACE   7. MARRIED     8. DATE OF BIRTH     9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 1 Y	ON A FARM?
3. NAME OF DECEASED (Type or print)  Louise Newkirk Nelson  5. SEX   6. COLOR OR RACE   7. MARRIED     8. DATE OF BIRTH   9. AGE (In yeers   IF UNDER 1 YEAR   IF U   lest birthdey)     Months   Days   Ho	
DECEASED (Type or print)  Louise  Newkirk  Nelson  OF DEATH  December 7.  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  9. AGE (In yeers   IF UNDER 1 YEAR   IF U   lest birthdey)   Months   Days   Ho	Yeer
(Type or print)  Louise Newkirk Nelson  Death December 7.  5. SEX   6. COLOR OR RACE   7. MARRIED     8. DATE OF BIRTH     9. AGE (In yeers   IF UNDER 1 YEAR   IF U	
5. SEX   6. COLOR OR RACE   7. MARRIED     8. DATE OF BIRTH   9. AGE (tn yeers   IF UNDER 1 YEAR   IF U	19 61
Months Days Ho	UNDER 24 HRS.
Female White WIDOWED DIVORCED 11/26/09 52 yrs.	ours Min.
10e. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WH	HAT COUNTRY?
Housewife Washington, D. C. USA	
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	-
Francis M. Newkirk  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT  Address	
16. Social Second In the Secon	
no no None M. Cary Nelson, husband same as above	44 000010001
	AL BETWEEN
IMMEDIATE CAUSE (a) Cartinoma of one 181 with white from	115
170 y DUE TO METASTAS OF	
Conditions, if any, which (b)	
geve rise to Immediate cause	
(e), stating the underlying cause lest.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUL NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)   19. W	WAS AUTOPSY
Conceptue heart lasture	PERFORMED?
2De. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW INJURY DCCURED. (Enter nature of Injury in Pert I or Pert II of item 18.)	LI NO L
OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Dey, Year   2Dd. INJURY OCCURRED   2De. PLACE OF INJURY (Home, ferm, 2Df. (City or town) (County)	(State)
Hour a.m.  While Not While factory, street, office bldg., etc.)  s.m. 19 at work et work	
21. I certify that (I) (this hospital) attended the deceased from 11-10-, 1961, to 12-7-, 1961, that	(1) (wa) las
the second on the date of the second of 3.50 M. from the second on the date of	Stated above
saw the deceased alive on	22b. DATE
228. SIGNATURE Starle 1) Te for ATTENDING MED. STAFF	22b. DATE SIGNED
22a. SIGNATURE	

Page 4 may be retained by the hospital or attending physician.

OCURERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please remove carbo be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event. OI VR A15 (4) 15M 9/60

The law requires that the death certificate be executed within 24 hours after

OR ATTENDING PHYSICIAN:

OSPITAL

ely filled



23a. BURIAL, CREMATION, 23b. DATE THEREOF

Burial 12/11/61

REMOVAL (Specify)

y Rockville, Maryland
25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

23d. LOCATION (City, town or county)

Parklawn Cemetery Robert A. Pumphrey, Bethesda, Maryland

23c. NAME OF CEMETERY OR CREMATORY

DATE DEC 1 3 '61

arthur S. Kraus

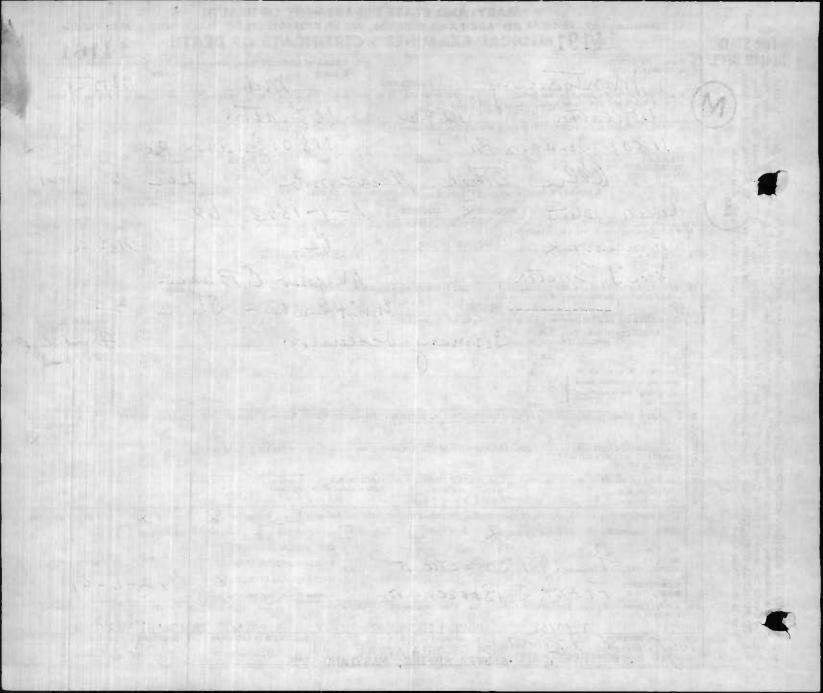
27 65,55 CHENT CHENT 27,56 13 following a commercial to the conformation of instruction, I. C. instructional RaWinest Co. Heimer i Sichiel do from transmit one in the control of The second secon CONSTRUCTOR SOLUTION .pc .drad .mclenuality give Burtal 12/11/61 Government coversty conservation three lines and Robert A. Fumphrey, Bolinesda, Maryland The PEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, as asse execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3. The funeral director. Page P S should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, is or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. AISME 5M 9/60

#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

=	14161
	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
	mintum or MARYLAND 8. STATE mel 6. COUNTY monte
M	b. CITY OR TOWN (if outside Amorate limits I a LENGTH OF STAY IN the
A	write RURAL and give nearest town.
1	Whitalon
7	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give slipper address)  d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
	11801 Judson Rd 11801 midson Rd YES NOW
1	NAME OF DECEASED First Middle Lest (4. DATE Month Dey Year
	(Type or print) Collie Ethel Newcomb DEATH De 6 1961
	SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
)	lest birthday) Monthal Davis Have I Min
/ -	Acualo White WIDOWED DIVORCED - 1-1-1893 68 yrs. Monins Days nours
	00/ ISSUAL OCCUPATION (Give kind of work   10b, KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (Stelle or foreign country)   12. CITIZEN OF WHAT COUNTRY!
	housework OWN HOME (le 91-8-G
1	3. FAMER'S NAME 14. MOTHER'S MAIDEN NAME
	the state of the s
	5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANTALE OF Address
	Yes, no, or unkown) (Ifyesgive werordates of service)
-	NO NO NONE Mont Combe - Them 2
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).)  INTERVAL BETWEEN  QNSET AND DEATH  QNSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cornary Occlusion  Tond de al
	4201) DUE TO
	Continue it and the
	geva risa to Immediate cause
	(a), steting the underlying DUE TO
1.	cause last. (c)
3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
MORA CERTAGO	YES NO W
1216	20e. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury In Part I or Part II of item 18.)
i i	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
2	20c. TIME OF INJURY Month, Dey, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, ferm,   20f. (City or town) (State)
MEDICAL	Hour a.m. Whila Not Whila factory, street, office bldg., atc.)
12	p.m. 19 at work   t
	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection , Inquiry , and in my opinion
	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
	CHIEF MEDICAL EXAMINER
	ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED
	SIGNATURE M.D.
	EXAMINER'S FLANK J. BLOSCH 2 H Address (Street, city, town, or county)
2	2e. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stele)
	URIAL 12/9/61 FORT LINCOLN CEMETERY PRINCE GEORGE'S MARYLAND
3	3) FUNERAL DIRECTOR A TISKA ADDRESS 248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
T.	ARVER E. PUMPHREY, INC. SILVER SPRING, MARYLAND DATE DEC 8 '61
1	ALOYER B. PURITUREL, INC. SILVER SPRING, MARYLAND I DATE



HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after eath. Page 4 may be retained by the hospital or attending physician.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and mpletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove cares pages, Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	ARCH AND RECORD	EPARTMENT OF HEALTH s, 301 W. PRESTON STREET, BALTIMORE TE OF DEATH	1, MARYLAND 14162
ace of death COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where decessed lived, If Institut  a. STATE  Florida  b. COUNTY	
CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town)  Bethesda (Rural)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURA  Key West	L end give neerest town) 48 X - 3
U. S. Naval Hospital	pital, give street address)	d. STREET ADDRESS  330 Duval Street	e. IS RESIDENCE ON A FARM? YES NO

e. COUNTY	Montgomery	MARYLAND	a. STATE Flori	da b. COUNT	Y	
write RURAL end	if outside corporate limits, d give neerest town) a (Rural)	c. LENGTH OF STAY IN 16			RURAL end give neerest town)	
			d. STREET ADDRESS	D (	l e. IS RESID	PENCE
	TAL OR INSTITUTION (if not in hos	spiral, give sireer address)	330 Duval St	reet	ON A FA	ARM?
3. NAME OF	First	Middle	Last 4. D.	The second secon	Dey Yeer	
(Type or print)	Mary	Ellen	Nicholson D		per 28. 19 6	1
5. SEX	6. COLOR OR RACE 7. MARRIE	D X NEVER MARRIED   8	. DATE OF BIRTH	9. AGE (In years   I		HRS.
Female	Caucasianwipowe		November 15,1930	last birthday) 31 yrs.	Months Deys Hours A	Min.
	TION (Give kind of work orking life, even if retired)	IND OF BUSINESS OR INDUSTR		ete, or foreign country)	12. CITIZEN OF WHAT COU	JNTRY
Housewife			Schenectady,	N.Y.	USA	
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME			
Bryant Hal	sev		Emma Blaise			
S. WAS DECEASED EV	ER IN U.S. ARMED FORCES?   16.	SOCIAL SECURITY NO.   17.	INFORMANT	Address		
No No	If yes give wer or detes of service)	11-28-5579 ни	S: William Nicho	leon Some	oc #2	
	DEATH [Enter only one cause per		o. WILLIAM MICHO	Taon, Dame	INTERVAL BETWE	EEN
PART I. DEAT	TH WAS CAUSED BY:	ITRA!	SteNOSI	c	ONSET AND DEA	DC
1 411	- 1	[   KAI	2101031	7	191	~2.
	DUE TO	heumat	in Honn	+ Disei	000 11. 11	,00
Conditions, if eny		NEUMAT	10 11041	1 41sel	450 169	ES
(e), stating the u	DI BILL					
cause last.	) (c)					
PART II. OTHE	R SIGNIFICANT CONDITIONS CON	NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DIS	SEASE CONDITION GIVE	PERFORM	
200. ACCIDENT W	AS UNDERLYING A 20b. DES	CRIBE HOW INJURY OCCURED	). (Enter neture of injury in Pert I o	r Pert II of item 18.)		
20c. TIME OF INJU Hour e.m. p.m.	While		ACE OF INJURY (Home, farm, tory, street, office bldg., etc.)	. (City or town)	(County) (Ste	ete)
21. I certify t	that (this hospital) atten	ded the deceased from.	Nov. 39; 1961	Mrom the causes a	, 1961., that (v) (we	e) las
220. SIGNATURE	11/31 11	011	ATTENDING MED.	STAFF	22b. D	DATE
22c. PHYSICIAN'S NAME (Type			22d. ADDRESS U. S. Naval		Dec. 28, 196	
1				LOCATION (City, town		2
REMOVAL (Specify)  RUTIAL	12-30-61	23c. NAME OF CEMETERY Arlington		Arlington,		u .
	R'S SIGNATURE JUSTIC		1	REGISTRAR 256. REGI		1
	ler Funeral, Roc		nd DAILAN 2	'62 unh	ut S. France	
TABOR MIRES	Ter Lamokar's Hoc	Try Try A Time Jahr	DA DAM			

VR AI5 (4) 15M 7/61

U. S. Mayal Rospital

Formille Osucesien W

Housewille

Bryadt Balsayr

714.

Bethemin (mami) 29 daju 1 Key West

1 0 0

SEO Duval Sureet

Kilen Wicholson W Deeckhar 2d,

Le Ogen, ch 'scome on

.Y. L. Marsonets ACU -

111-26-5579 NUS: William Mendlann, Bane an es

Mitted Stewasis

Dec. 25, ...61 10v. 39, 11:35ak

LOCA Dec. 25, 1961

C. W. PRANCE OF MONOR OF THE OF MONOR ACCOUNTY, MONOR OF THE MONOR OF THE OFFICE OFFIC

Landing virging to the Landing virginia

Tyson khaeler Tuneral, Acciville, Maryand ... 8 08

stely filled in by the funeral spers. Pages 1 and 2 should 72 hours after death.

executed within 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH

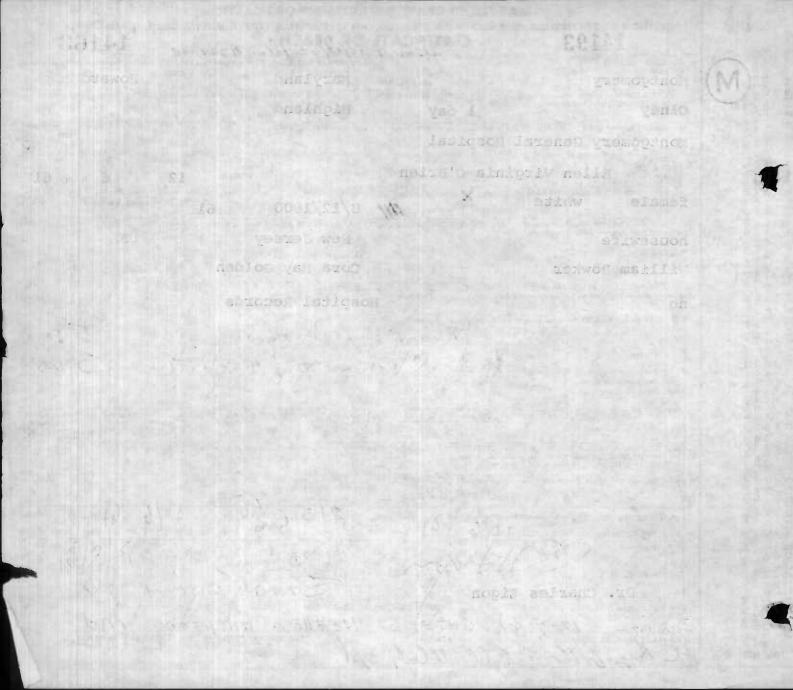
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

14103 CERTIFICATE OF DEATH

_	12130	Stran 7	10/10/62/11	ni 4324 .	10 1	TATO		
1	. PLACE OF DEATH		2. USUAL RESIDEN	CE (Where decaasad li	vad, If institution	Rasidance bafo	ra admission	
	Montgomery	MARYLAND	Maryland	ь.	COUNTY HO	oward	/	
	b. CITY OR TOWN (if outside corporata limits,	LENGTH OF STAY IN 16		f outsida corporate limi	ls, writa RURAL e	end giva naarest	town)	
	olney	day	Highland		13 x	1.2		
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite		d. STREET ADDRESS				S RESIDENCE	
	Montgomery General Hosp	pital				YES		
1	NAME OF First	Middla	Last	4. DATE OF	Month	Day	Year	
	(Type or print) Ellen Virginia	O.Brien		DEATH	12	6	19 61	
1	6. COLOR OR RACE 7. MARRIED	NEVER MARRIED   B	. DATE OF BIRTH		yeers IF UNDER		DER 24 HRS.	
	female white widowed	DIVORCEDITA	8/12/1900	61	yrs. Months	Deys Hour	s Min.	
	Oa. USUAL OCCUPATION (Give kind of work   10b. KIND	OF BUSINESS OR INDUSTR	Y   11. BIRTHPLACE (Coun	ty & Steta, or foreign co	ountry)   12. C	CITIZEN OF WHA	T COUNTRY	
1	done during most of working lifa, aven if ratired) housewife		New Jerse	ey	U	SA		
	3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME				
1	William Bowker		Cora May	Golden				
	5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SC	CIAL SECURITY NO. 17.	NFORMANT		Address			
	(If yes give wer or defes of sarvice)	Н	ospital Re	cords				
	18. CAUSE OF DEATH (Enter only one causa par line	for (e), (b), and (c).]	N	4		INTERVAL	DETWEEN	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Vivennia	a knew	ma		5	Lava	
	DUE TO	100	. 1	1 ,	1 -	-	1	
1	Conditions, if any, which ) (b) Reule a Jaxon & Pullouphxitis 5 mo							
	gave risa to immadiata causa		LA	10001	1113			
	(e), stating the underlying		2 ,					
1	- (0)	IBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION	ON GIVEN IN PA	RT 1(a)   19, WA	S AUTOPSY	
3							REPORMED?	
0	200. ACCIDENT WAS UNDERLYING   20b. DESCR	IBE HOW INJURY OCCURED	(Enter nature of injury in	Part I or Part II of itam 1	R 1	1152	] NO EN	
2000	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	ist flow mook! occord	. (chief fields of third fin		.,			
1	20c. TIME OF INJURY Month, Day, Year   20d. INJ	URY OCCURRED   200. PLA	CE OF INJURY (Home, farm	20f. (City or town)	(C	ounty)	(State)	
1	20c. TIME OF INJURY Month, Day, Yaar 20d. INJ Hour a.m. While	Not While Taci	ory, straat, office bldg., atc.	-	4			
1	21. 1 certify that (I) (this hospital) attende		2/3	190 Q to	12/1-1	9 a., that (	l) (we) la:	
1	saw the deceased alive on	19. and that	doub accurad abis	And from the co	autos and on	the date of	ated above	
	22a. SIGNATURE	/17	dealli occured ak	in, irolli ille ca	auses and on		22b. DATE	
	228. JIGITATORE (A) 1/2	M many		AED. STAF		5/8/6	SIGNE	
	22c. PHYSICIAN'S	1	22d, ADDRESS	1		1171		
	Dr. Charles Ligon		Don	an 20.	Mux	Ma.		
1	23a. BURIAL, CREMATION, 23b. DATE THEREOF 2	3c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	City, lown or cou	int))	(Steta)	
	BURIAL 12-9-61	GATE OF	HEAVEN	WHEAT	en.	Md		
1	4 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	A 1		5b. REGISTRAR			
1	FC Rigentathon 181	anti Citiz	JA DATE	11.01	CANADO	7 20. 7 000000		
1	The state of the s	1	1-1					

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exected to page 4 may be retained by the hospital or attending physician.

S TO CUNERAL DIRECTOR: After this certificate has been signed by the attending physician and consideration, page 3 should be detached for use as the burial-transit permit. Then please remove carbon proceeds to be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within



HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after sath. Page 4 may be retained by the hospital or attending physician.

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15M 7/61 (4)

MARYLAND	STATE	DEPARTMENT	OF	HEALTH

MA	RYLAND STATE DEPARTMENT OF H	EALTH
DIVISION OF STATISTICAL RES	SEARCH AND RECORDS, 301 W. PRESTON ST	TREET, BALTIMORE 1, MARYLAND
14194	CERTIFICATE OF DEATH	4.4.4.0.4
		4.4401

7.6728	14164
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission)
MONT. CONNITY MARYLAND	a. STATE MADE ALL B. COUNTY MADE ALL
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
write RURAL end give nearest town)	X D IZ III MI
JACY MA 1 1 1 Yrs.	Brooke ville, Mc.
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM)
Brooke Grove townstion	Brookeville Md. YES NO I
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Yeer
(Type or print)	DEC. 24 1961
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   1	B. DATE OF BIRTH 19. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
14/	last birthday) Months Deys Hours Min.
WIDOWED DIVORCED	18 1 d 18 d 412.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  10b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
House Wife	Fred. Co. Mt. Amer.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Daried Specht	At malia Kaccoller
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	
The Carrier OF BEATURE to the control of the carrier of the carrie	anganel of Howes Olney a.
18. CAUSE OF DEATH  Enter only one cause per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (0)	1 ms
450.0 DUE TO (1)	
Conditions, if eny, which ) (b)	TVI I ITTINGSPOLVE
geve rise to immediate cause	
(e), stering the underlying	Elexos & Wherelier 1990
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)1 19. WAS AUTOPSY
0	PERFORMED?
O	YES NO V
OR CONTRIBUTING CAUSE OF DEATH	D. (Enter neture of injury in Pert I or Pert II of item 18.)
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PL	ACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (Stete)
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PL/ Hour e.m., While Not While fac	tory, street, office bldg., etc.)
	1904, to 226 1901, that (I) (we) last
21. I certify that (I) (this hospital) attended the deceased from.	
	t death occured at M.M., from the causes and on the date stated above,
220. SIGNATURE	ATTENDING MED STAFF \ \ \ \ \ \ \ \ \ \ \ \ \ SIGNED
The state of the s	A.D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
C. L. WINDOW	- an range mount
23a BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY BURIAL Specify) Dec. 29 1961 Mt. Carnel	
Burnel Specify) Dec. 29 1961 Mt. Carmel	Montgomery Md.
24 FUNERAL DIRECTOR'S SIGNATURE # ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
2/ Balla Laytonsville, Md	
1 Clamin N UNIVER	• DARFG 2 9 '61 Orthur & Trans

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loc. Silvel it. Cormel

Lartonsville, d.

Tionce from

.D.

# FOR STATE Pealth, the funeral director. Page Dany delay is necessary, retained for your files. Jo p DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If) any delay is ase execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and the funeral direction is should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 frows after death.

VS. A15ME 5M 7/S9

MARYLAND STATE DEPARTMENT OF HEALTH

D

vision	Of STA	ATISTICAL	RESEARC	H AND RECORDS,	301 W. PRESTON S	TREET,	BALIIMORE	1, 1	MAKTLAN
	141	Q 5MEI	DICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF D	PEATH	1	4165
	-	- 00						-	

•		e. COUNTY Mont	gomery				e. STATE			b. COU	YTY			
	-	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
		write RURAL and give nearest town) Olney DOA		4 Silver Spring						.,				
0		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)			d. STREET	ADDRESS		777			. IS RESIDENCE			
9		Montgomery Geneal Hospital				143	50 G	od Ho	pe Rd.	2.0		YES [	A FARM?	
		3. NAME OF First Middle DECEASED				Last 4. DATE Month				Day	Day Year			
		(Typa or print)		HAEL	HUMPHI		O'LEAR	Y	DEATH	Dec.		17	19	61
	5.	SEX	6. COLOR OR RACE 7	. MARRIED	NEVER MARRI	ED B	. DATE OF BIR	тн	9	AGE (In yeers last birthday)			IF UNDER	
1		Male	white	WIDOWED?	DIVORCE		1/22	/04		57 yrs.	Months	Days	Hours	Min.
1	10a do	ne during most of wor	ON (Giva kind of work rking lifa, aven if retirad)	10b. KIN	D OF BUSINESS O	R INDUSTR	Y   11. BIRTHPI	LACE (Stata	or foreign cou	intry)	12. C	TIZEN O	F WHAT C	COUNTRY?
П	12	FATHER'S NAME		Lai	ndscapii	ng	14. MOTHER	eland				USA		
	13.													
	15	Michael							)'Brie					
	(Ye	s, no, or unkown)   (If	ER IN U.S. ARMED FORCE yas giva war or datas of serv	vica)						Address				
		Yes	Second W				Hospi	tal F	Record	is				
		18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]										ERVAL BET SET AND [		
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Herry hay												
Н		981 X DUE TO DISTO DISTO									in			
		Conditions, if eny, which (b) Ruftime of anta												
Н		geve rise to immedia (a), stating the un	DIJE TO	- 1		0								
9		causa last. (c)												
4	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?												
	CAT	YES X NO												
	CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING  20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part II or Part II of itam 18.)												
		CAUSE OF DEATH. Shot in chest with 22 Cal. Rifle												
	ICAL	20c. TIME OF INJUI	RY Month, Day, Year		JURY OCCURRED		CE OF INJURY			or town)	(Co	unty)		(Slate)
	MEDI	5:30 p.m.	12/17/61	Whila at work	Not Whila at work	HO		a bidg., dic.,		lver Sp	oring	J. M	d.	
		21. I certify th	at I took charge of	the rema	ins described a	bove, he	ld an Autop	sy X	Inspection	, Inqui	у П.	and	in my o	pinion
		death resulted for	rom: Natural caus	ses ,	Accident	, Suic	ide , l	lomicide	X Un	determined m	nanner [			
		1	7				CHIE	MEDICAL E	XAMINER	1				
4		ACTUAL	20. 1 0 1	3	A.A.		M.D. ASSI	STANT MEDI	CAL EXAMIN	ER 🗍		D	ATE SIG	NED
2		SIGNATURE	mex f.	nis	mus_			TY MEDICAL	EXAMINER [	X		10/1	0/63	
-		EXAMINER'S NAME (Type)	Frank J.	Bro	schart		Addr	ass (Sireal, c	ily, town, or	county)		12/1	8/61	•
	22a		N, 226. DATE THEREOF		2c. NAME OF CE	METERY OF				ION (City, town	, or countr	ry)	(Stat	a)
	E	Burial (Spacify)	12/21/61		Arlingt	on Na	ational		Arlin	gton,			Va.	
	23.	. FUNERAL DIRECTOR	1		ADDRESS			24a. REC		RAR   24b. REG	ISTRAR'S	SIGNATU	IRE	-
	F	rancis Ga	sch's Sons	Hya	ttsville,	Mar	yland	DATEC	21 '61	Class	ain 8	Kinga		

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Authorities Theman Control March

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18								
	14196 CERTIFICA	CERTIFICATE OF DEATH						
1. PLACE OF DEATH o. COUNTY  Montgomery  Marylani		2. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) o. STATE b. COUNTY Maryland Montgomery						
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)						
-	Boyds R. F. D 10 yrs d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION	Boyds=R.F.D  a. IS RESIDENCE ON A FARM YES NO						
	NAME OF DECEASED (Type or print) HILLebrand Middle	OLTHUIS 4. DATE Month Day Year OF DEATH TRANSPORT Z4 196/						
6.20	SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED   White   WIDOWED   DIVORCED	B. DATE OF BIRTH  April 15-1908  9. AGE [In years   FUNDER 1 YEAR IF UNDER 24 H   Months   Days   Hours   Min   Min   Months   Days   Hours   Min   Mi						
	ClerkMontg.Co.School Board, Md Tgaart Olthuis	Holland U.S.  14. MOTHER'S MAIDEN NAME  Klaasji Van Dalen						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 215-38-4689 (Mrs. Mary Simpson, Boyds, Md.R.F.								
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Pulmouse	interval Between onset and Death y clay						
	Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying cause lost.	evic loicisiona 6 mont						
	) (c)							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOP PERFORMED? YES \( \subseteq \text{NO} \)						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?						

ACTUAL Boyds, Md.R.F.D. 12/24/61

PHYSICIAN'S NAME (Type) John Fawcett

> 22c. NAME OF CEMETERY OR CREMATORY Flower Hill Cemetery

22d. LOCATION (City, town, or county)

(Stote) Deerwood, R.F.D. Maryland

220. BURIAL, CREMATION, REMOVAL (Specify)
Burial 12/26/61 23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS Barnesville, Md

24a. REC'D BY REGISTRAR DEC 2 8 '61 DATE

246. REGISTRAR'S SIGNATURE

VS A1S (4) 1SM 9/SB

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To full end to got window and the level

Ala-is-dosu Mrs Bory Stanger, Boyce, No. 8. 3.1.

Dent Link of Mark Boom well

W. S. H. Be', Flyett

PROVOR Hall Cometery

This, est the boarding

dingen meet

10/88/21 12/38/61

stely filled in by the funeral pers. Pages 1 and 2 should The law requires that the death certificate be executed within 24 hours after in 72 hours after death. ACSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be expected and be retained by the hospital or attending physician.

C. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and confidencior, page 3 should be detached for use as the burial-transit permit. Then please remove carbon be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within

> VR A1S (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1/107

CERTIFICATE OF DEATH

14167

A SELVE								
1. PLACE OF DEATH a. COUNTY			ICE (Where deceased lived,		dence before admission)			
Mentgomery	* STATE Maryland b. COUNTY Montgomery							
b. CITY OR TOWN (if outside corporete limits,	b. CITY OR TOWN (if outside corporete limits,   c. LENGTH OF STAY IN 1b			c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)				
write RURAL end give nearest town)	1 48							
Silver Sprang	Silver Spring							
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospi	tel, give street eddress)	d. STREET ADDRESS			a. IS RESIDENCE ON A FARM?			
805 Thayer Avenue		805 TI	hayer Avenu	e	YES NO			
3. NAME OF First	Middle	Last	4. DATE Mo	inth De				
(Type or print) Emma	-2011-	Osbourn	DEATH Dec	. 12	1961			
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	DATE OF BIRTH 18	9. AGE (In year last birthday	IF UNDER 1 YEA				
Female White WIDOWED	DIVORCED [	Det. 15,18	61 80 yrs.	· Monnis Dol	s Hours Min.			
	ID OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cour	nty & State, or foreign country	ry) 12. CITIZEN	OF WHAT COUNTRY?			
done during most of working life, even if retired) Housewife		Montgom	ery County,	Md. U	J.S.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN						
John Boswell		Maria	Clarke					
	OCIAL SECURITY NO. 17. I	NFORMANT	Addr	955 8204 K	erry Road			
(Yes, no, or unkown) (Ifyesgivewerordetasofsarvice)	None D	. Raymond	A.Osbourn	Chevy	Chasel5.Mc			
18. CAUSE OF DEATH [Enter only one cause per lin	e for (e), (b), end (c).]				INTERVAL BETWEEN ONSET AND DEATH			
PART I. DEATH WAS CAUSED BY:	oronary occ.	lusion			4 hours			
1/1001	oromary wee.	LUGION			15 440000			
4201 DUE TO	hoomt die	0200		TAX MARTIN				
1-/	heart dis	ease						
gave rise to immediate cause (e), stating the underlying  DUE TO								
cause last. (c)								
	RIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	INAL DISEASE CONDITION	SIVEN IN PART 1(a	19. WAS AUTOPSY			
OIL					PERFORMED?			
2De. ACCIDENT WAS UNDERLYING 1   20b. DESC.	RIBE HOW INJURY OCCURED	(Enter nature of injury in	Part I or Part II of item 18 )		1113			
PART II. OTHER SIGNIFICANT CONDITIONS CONT    2Do. ACCIDENT WAS UNDERLYING   20b. DESC. OR CONTRIBUTING   CAUSE OF DEATH   IJF EITHER, NOTIFY MEDICAL EXAMINER)	RIDE HOW INJUNI OCCURED	, temer nature of injury in	Total Co, Total II of Hom to.,					
Z 20c. TIME OF INJURY Month, Day, Year   20d. IN	UURY OCCURRED   20e. PLA	CE OF INJURY (Home, fare	m, 2Df. (City or town)	(County)	(Stele)			
20c. TIME OF INJURY Month, Dey, Yeer Hour a.m. While at work		ory, street, office bldg., etc						
p.m. 19 at work	at work							
21. I certify that (I) (this hospital) attended	ed the deceased from				, that (1) (we) last			
saw the deceased alive onAug. 16								
					Dec 12, (96/			
22c. PHYSICIAN'S NAME (Type Misch and T Me T	1.00	22d. ADDRESS			AT 101 # 56			
NAME (Type Michael J. Mcl	nerney mo	1150	Connecticut	Avenue	, N. WC			
	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City,	town or county)	(State)			
BURIAL Dec 14, 1961	MT. OL,	vet	WASH.	DC				
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. RE	C'D BY REGISTRAR 25b.	REGISTRAR'S SIGI	NATURE			
WW Taltarull 3603.	-14 - 14 NW(	DC10) DATE	DEC 1 5 '61	Culling &	Kraga			

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#### MARYLAND STATE DEPARTMENT OF HEALTH

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH CERTIFICATE OF DEATH 14168

1.	PLACE OF DEATH  a. COUNTY  MONTGOMERY  MARYLAND				ND	2. USUAL RESIDENCE (Where deceased lived, Il institution: Residence before edmission) p. STATE Maryland Prince Georges					
	b. CITY OR TOWN (in	outside corporata limits,		c. LENGTH OF STAY		c. CITY OR TOWN (If outside			0	wn)	
	write RURAL end give neerest town)		52 days		College Park		11.	71-2			
-	d. NAME OF HOSPITAL OR INSTITUTION (il not in hospital, give street eddress)			d. STREET ADDRESS		1.40		ESIDENCE			
	The Clinical Center, Bethesda 14, Md.			4214 Guilford			YES	A FARM?			
3.	NAME OF DECEASED (Type or print)	Suzanne	(	No middle r	name	) Packard   4. DA	TE Monti		30 <sub>19</sub>	61	
5.	SEX	6. COLOR OR RACE	. MARRIE	NEVER MARRIED	8.	DATE OF BIRTH	9. AGE (In yeers			R 24 HRS.	
	Female	Tulbrita	WIDOWE		n A	pril 1, 1929	32 yrs.	Months D	eys Hours	Min.	
10	. USUAL OCCUPATI	ON (Give kind of work	10b. KI	ND OF BUSINESS OR IN	NDUSTRY	11. BIRTHPLACE (County & Stet	e, or foreign country)	12. CITIZ	EN OF WHAT	COUNTRY?	
		king life, even if retired; herapist	(Ur	employed)		Pennsylvania			U.S.	A.	
	FATHER'S NAME					14. MOTHER'S MAIDEN NAME					
	Harold E.					Hazel Mae Harw					
15. (Ye	WAS DECEASED EVI es, no, or unkown)   (If	R IN U.S. ARMED FORCE yes give war for detectors of ser	vicell			NFORMANT The Medic					
	No	NONE		13-24-7679		Clinical Center	, Bethesda	a 14, 1	Maryland	d	
	18. CAUSE OF DEATH [Enter only ona ceuse per line for (a), (b), end (c).]							ONSET AND DEATH			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Cardiovascular collapse							5 minutes			
	DUE TO										
	Conditions, if eny, which Pseudomonas septicemia							6 day	/S		
	geve rise to immediate cause (a), stating the underlying DUE TO										
	couse lest. (c) Hodgkin's Disease							6 mor	iths_		
Z	PART II. OTHER	SIGNIFICANT CONDITI	ONS CON	TRIBUTING TO DEATH	BUT NO	RELATED TO THE TERMINAL DISE	ASE CONDITION GIV	EN IN PART		AUTOPSY ORMED?	
I E	Conges	tive heart	failu	re					YES X		
CERTIFICATION		AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURED.	(Enter natura of injury in Part I or I	Part II of item 18.)				
MEDICAL	20c. TIME OF INJU	RY Month, Day, Yaer	20d. I While	Not While		CE OF INJURY (Home, ferm, 201. rry, street, office bldg., etc.)	(City or town)	(Coun	ty)	(Stete)	
		nat X (this hospita	l) attend	ded the deceased	fromN	ovember 8 1961,	10.December	r3019	61 that 10)	(we) last	
	saw the deceas	ed alive on.Dece	mber	.30.,19.61., and	d that	death occured all. 7 M,	from the causes	and on th	ne date state	ed above.	
	220. SIGNATURE		7	1			·Me		22	b. DATE SIGNED	
	Thu	rud 1	1	enders	. M.	D. PHYS. DIRECTOR	PHYS.	Jar	nuary 1.	12961	
	22c. AHYSICIAN'S	17 d-1000 d C				22d. ADDRESS The Cl	inical Ce	nter,	Nationa	1 196	
	NAME (Type)	Edward S.	Hende	rson, M.D.		Institutes of	Health,	Bethes	da lli,	Md.	
					LOCATION (City, to	wn or county	Alex	Co Mz			
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS SIGNATURE 256. REC'D BY REGISTRAR'S SIGNATURE DATE JAN 4 '62										

ACCOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours affer the Page 4 may be retained by the hospital or attending physician.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and circumples of the detached for use as the burial-transit permit. Then please remove carbon capping. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 2 hobrs after death.

VR A15 (4) 15M 9/60

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VR A1S (4)

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14199 CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decased lived, if Institution: Residence before admission)							
a. COUNTY MARYLAND	Maryland Montgomery							
b. CITTOR TOWN ITT OUTSING corporate limits.   c. LENGTH OF STAY IN 16	c. CiTY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
write RURAL and give nearest town)	-							
Sumner	Sumner 57							
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddrass)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?							
5011 Randall Lane	5011 Randall Lane							
3. NAME OF First Middle	Last 4. DATE Month Day Year							
(Type or print) LORETTA M	AT MED							
	2000 20							
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.  Last birthday) Months Days Hours Min.							
Female White WIDOWED X DIVORCED	12-11-1879   82 yrs.   Months   2875   70015   70015							
10a. USUAL OCCUPATION (Give kind of work   1Db. KIND OF BUSINESS OR INDUST	TRY   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?							
done during most of working life, even if retired)	Virginia U.S.A.							
Housewife	14. MOTHER'S MAIDEN NAME							
Edward L. Mahoney	p Larkin							
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.   (Yas, no, or unkown)   (Hyasgivawarordalesofservice)	INFORMANT Address							
	Virginia P. Mather (Daughter)							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN							
PART I. DEATH WAS CAUSED 8Y:	ONSET AND DEATH							
IMMEDIATE CAUSE (a)	7 / / / / / / / / / / / / / / / / / /							
JAMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which (b)								
	racara							
gava rise to immediata cause  DUE TO								
(e), stating the underlying cause last.								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY								
PERFORMED?								
- Carelle Storach YES NO 1								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT N  COLUMN  200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING   CAUSE OF DEATH  III FITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter neture of injury in Pert I or Part II of itam 18.)							
(IF EITHER, NOTIFY MEDICAL EXAMINER)								
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PL	LACE OF INJURY (Home, farm, † 20f. (City or town) (County) (State)							
E Nou a.m.	actory, street, office bldg., atc.)							
21. I certify that (I) (this hospital) attended the deceased from	Mee 15, 19.6, to Mee 24, 19.07 that (1) (we) last							
saw the deceased alive on 1961, and that death occurred at 1000, from the causes and on the date stated above.								
22a. SIGNATURE	ATTENDING MED STAFF 22b. DATE SIGNED.							
Frank Junety h	ATTENDING MED. STAFF SIGNED, PHYS. DIRECTOR PHYS.							
22c. PHYSICIAN'S Frank A. Finnerty, Jr. M.D.	22d. ADDRESS							
NAME (Type)	1150 Com, ald, NW. Wash h							
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	Y OR CREMATORY   23d. LOCATION (City town or county)   (State)							
REMOVAL (Specify) 12-28-1061 Mt 01476	200							
	t Cemetery Washington, D.C.							
Joseph Lawlers Hons Jac. 1756 Fal	WERE. DATE DEC 2 8'61 Carlow & Thrus							
- / 1 /								

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	aligna -	desper		Adward L. Rehoney
	ather (Deput	u .S sinipul		

C. C. M. William L. C. R. D.

12-21-1961 lt. Dityet Genebery

Burtat

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letely filled in by the funeral appers. Pages 1 and 2 should 72 hours after death. Page 4 may be retained by the hospital or attending physician.

Page 5 may be retained by the hospital or attending physician.

UNERAL DIRECTOR: After this certificate has been signed by the attending physician and controlled in by the funeral irector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VE VICE (4) Page (4) WITH CONTROL OF WITH CONT

#### MARYLAND STATE DEPARTMENT OF HEALTH

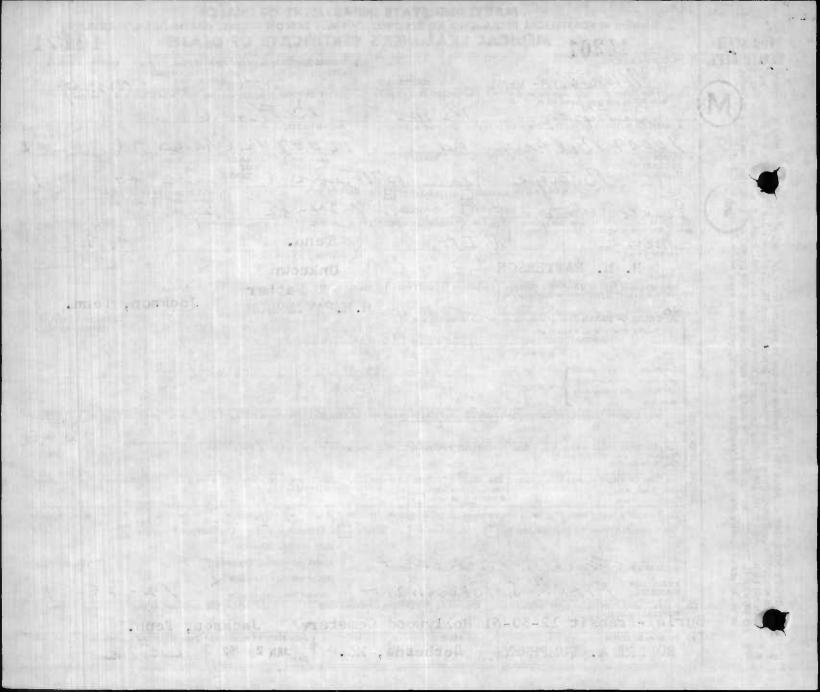
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14200 CERTIFICATE OF DEATH 14170

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution, Resi	idance before admission)
Montgomery Maryland	e. STATE b. COUNTY	/
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)  Takoma Park  C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and g Washington, D.C.	tive nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	IS RESIDENCE ON A FARM?
Eventide Nursing Home	2853 Ontario Road N.W.	YES NO
3. NAME OF DECEASED (Type or print) SA E D. Middle	89	24, <del>1</del> 961
	8. DATE OF BIRTH 9. AGE (In yeers   IF UNDER 1 YE	
female white widowed I DIVORCED	7/3/72 8 last birthdey) Months De	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWITE		S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Harrison Dingman	Sarah Porter Hudson	
	INFORMANT Address	
(Yes, no, or unkown) (Ifyesgivewarordetesofservice)	oyd L. Stone same as #2	
18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (*)  Broachob	11011110110	ONSET AND DEATH
1 4 7		- 4days
DUE TO		
Conditions, if eny, which gave rise to Immediate ceuse		
(a), steting the underlying DUE TO		
ceuse lest. (c)_		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	e) 19. WAS AUTOPSY PERFORMED?
Eleveralized arte	ruschusis	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING TO DEATH BUT NO C	D. (Enter neture of injury in Pert I or Pert II of item 18.)	
	ACE OF INJURY (Home, ferm, 20f. (City or town) (County streat, office bldg., etc.)	(State)
21. I certify that (I) (this hespital) attended the deceased from.	Jan 5 , 1949, 10 Dec 24 , 1961	., that (1) (we) last
saw the deceased alive on		date stated above
Thouas & Saffinition ,		22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) Thomas S. Sappington	1 22d. ADDRESS CONOVECTICUT	AVE , NUL
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county)	(State)
cremation 12/26/61 Ft. Lincol	n Crematory Prince Georges	County. M
24 FUNERAL DIRECTOR'S SIGNATURE 2007 TAPPRESS St.	NT TAT   25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIG	
The S.H. Hines Co. Washington. D.	C. DATDEC 2 7 '61 Carling & to	and a

.a. d. Haratan ALL Danies Topo To SPINS .A. Gunda . S. W. Constallant Thord as Stone and the birth The last the last the same of the last Storm for Largo to the court transplant of the large to the court and th The .... Hinon wo weather ton, D.C.

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) . COUNTY Health, a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (il outside corporete limits, write RURAL and give geerest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (II outside corporate limits, write RURAL and Boar e. IS RESIDENCE ON A FARM? YES NO NAME OF Middle DECEASED (Type or print) DEATH with 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR NEVER MARRIED IF UNDER 24 HRS last birthday) Months Davs WIDOWED DIVORCED N IO. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY I 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 21.5. 9 Tenn. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME PATTERSON Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Father Address (Yes, no, or unkown) | (If yes give wer or detes of service) Jackson, Tenn. H. M. PATTERSON CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN Office along burial-transit p ONSET AND DEATH DEATH WAS CAUSED BY. Synergistic poisoning in pertui IMMEDIATE CAUSE (e) Office al removal DUE TO should Conditions, if any, which Pheno-barbital & ethel alcohol (b) gave rise to immediate cause 10 DUE TO (a), steting the underlying EPUTY MEDICAL EXAMINER: This certificate **Examiner** Ö cause last. cremation PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION Pe PERFORMED? writing the word Medical NO P pluods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief age 3 Page 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (Slele) 0 fectory, street, office bldg., etc.) While Not While Hour e.m. to the prior at work et work execute the certificate. forwarded to the L DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry and in my opinion death resulted from: Accident Suicide Natural causes Homicide Undetermined manner X CHIEF MEDICAL EXAMINER should be forward FUNERAL DIN ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER Ishoschart Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) Burial-transit 12-30-61 Hollywood Cemetery Jackson. Tenn. 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME Bethesda, Md. ROBERT A. PUMPHREY Chilling S. Henry 5M 9/60

Items,



STATE o 2 with E G CI Office burial-1 O used ion, o Pe 2 20 should be for FUNERAL 1

#### MARYLAND STATE DEPARTMENT OF HEALTH

W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edimission a. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) d. NAME OF HOSPIFAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE ON A FARM? YES NO X Middle 4. DATE DECEASED OF (Type or print) 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 7. MARRIED NEVER MARRIED last birthday) Months WIDOWED [ DIVORCED T 12. CITIZEN OF WHAT COUNTRY? 17. INFORMAN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. (Yas, no, or unkown) | (Ifyasgive war or datas of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY YES NO -20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection XX Inquiry XI. and in my opinion Natural causes Accident . Suicide Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER Stosenz4 NAME (Type) Address (Street, city, town, or county) 228. BURIAL, GREMATION 22c. NAME OF CEMETERY OF CREME TO BY 22d. LOCATION (City, town, or country) Fort Lincoln Cemetery Bladensburg, Maryland. Buria St | 240. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE

. Wash. D.6

Circher S. Thousa

VS. AISME 5M 9/60

23. FUNERAL DIRECTOR

CHAMBERS CO.

WELL THE DETERMINE TELEPHONE AND ADDRESS OF THE PARTY OF - 214-03 ROSCHULL RELLEN Linkled Commercial Contract Windows and Commercial Contract and w. a. chambha Co. S.L. Pasky, D.C. Lagran D. D. adden Page 4 may be retained by the hospital or attending physician.

CENNERAL DIRECTOR: After this certificate has been signed by the attending physician and controlled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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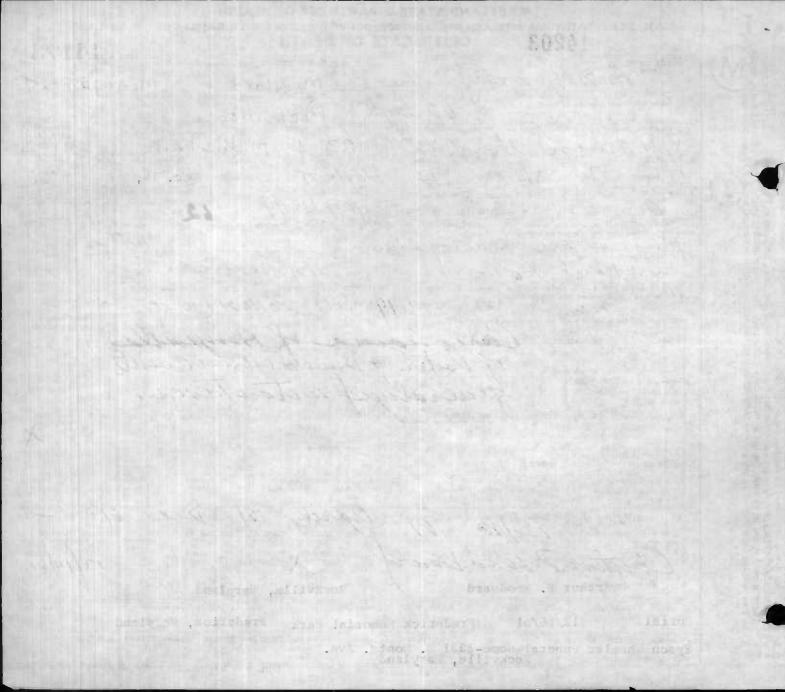
#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

14203 CERTIFICATE OF DEATH

444190

1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
	6. COUNTY mont 4 go mesis	e. STATE b. COUNTY
	MARYLAND	Maryland Montgamery
	b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Bethesda 62 days	10 Rock: 110.
[ ]	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS
	0 / / 5/ / / -/	ON A FARM?
-	Suburban Hospital	123 W. Midle Lane YES NO
3.	NAME OF First Middle	Lest 4. DATE Month Day Year
_	(Type or print) WICKLITE #	Polle 7 Dec. 14, 196/
5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	
	M WIDOWED DIVORCED	1/24/18 79 62 yis.
10	De. USUAL OCCUPATION (Give kind of work one during most of working life, even if relired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
	green Keepen Country Club	1/a. 45tt 150
10	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	WICKLISS Pollen	annie Reeves
-		
	as, no, or unknown) (Ifyasgive war or detes of sarvice)	NFORMANT Address
1,	720. 320-28-10198	with bollen (wife) same
-	18. CAUSE OF DEATH [Enter only one ceuse pealine for (e), (b), end (c).]	1 INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
1	IMMEDIATE CAUSE (a) Christian	un of Hungalla
	DUE TO OD S/ to at	D. Marine ist
	Conditions, if eny, which \ (b)	Duplement will
	geve rise to immediate ceuse	11-0-7
	(e), starting the underlying	ed melastases.
1.	ceuse lest. (c)	A THE TAX TO THE TAX T
Ó	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
13		YES NO
CERTIFICATION	200. ACCIDENT WAS UNDERLYING     206. DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in Part t or Part II of item 18.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	at week [7]	ory, street, office bldg., etc.)
>	7	B1:0 11 X 221 11
	21. I certify that (I) (this hospital) attended the deceased from	1961 to
	saw the deceased alive on 12-11-11-119.6.1, and that	death occured at
	22a. SIGNATURE	22b. DATE
	( interest Islandeword	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type)Arthur F. Woodward	
		Rockville, Maryland
	36. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	
	Burlan (Specify) 12/16/61 Frederick Memo	orial Park Frederick, Maryland
-	FUNERAL DIRECTOR'S SIGNATURE .ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Tyson Wheeler Funeral Home-1331 E. Montg	. Ave.
	Rockville, Maryland	DEC 18 61 Circles & Kinne
-		



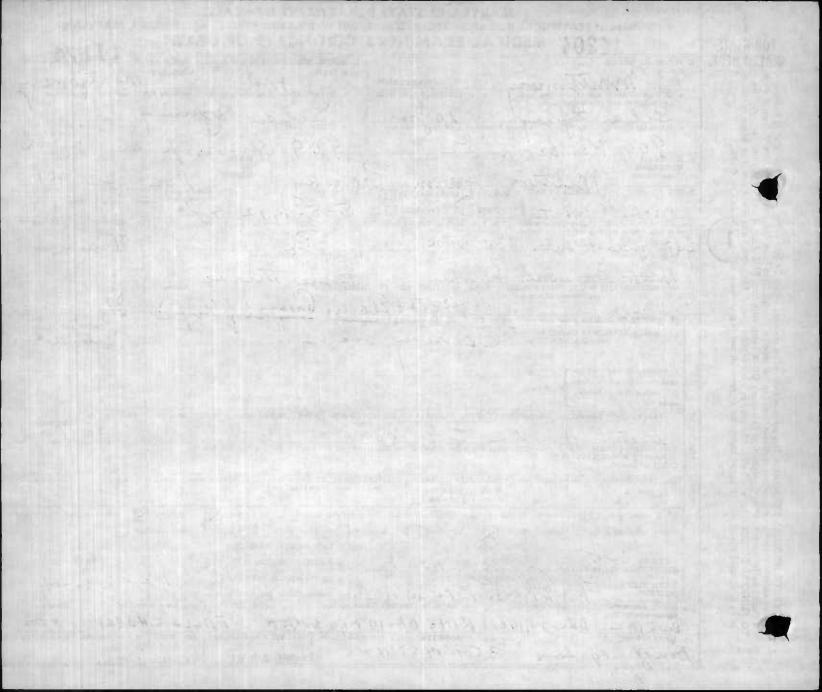
## necessary, ector. Page of Health, your N PM3. E A ong Office r's Office s a burial removal, 35 nsed 70 OR: forwarded to L DIRECTC ated egent, 1 should be forw FUNERAL DI 40 0 VS. A15ME

SM 9/60

#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Keside a. COUNTY b. COUNTY MARYLAND (If outside corporete limits, write RURAL end give nearest town) b. CITY OR TOWN c. LENGTH OF STAY IN 16 c. CITY OR TOWN CITY OR TOWN (if outside corporate limits, write RURAL and give searest lown) 10 m d. NAME OF HOSPITAL OR INS e. IS RESIDENCE ITUTION of not in hospitel, give street eddress) ON A FARM? YES NO W Middle DECEASED (Type or print) 19 61 AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIRTH IF UNDER 24 HRS. NEVER MARRIED last birthdey) Months WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if env. which (b) geve rise to immediate cause DUE TO (e), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury In Pert I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS
PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) While Not While factory, street, office bldg., etc.) at work at work 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection () Inquiry X and in my opinion Accident Suicide Homicide Undetermined manner death resulted from: Natural causes .... CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S halt Address (Street, city, town, or county) NAME (Type) 22d. LOCATION (City, town, or country) KING DAVID MEM. GARDEN BURIAL 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 3501-1457, NW. DATEC 2 8 '61 archur & France



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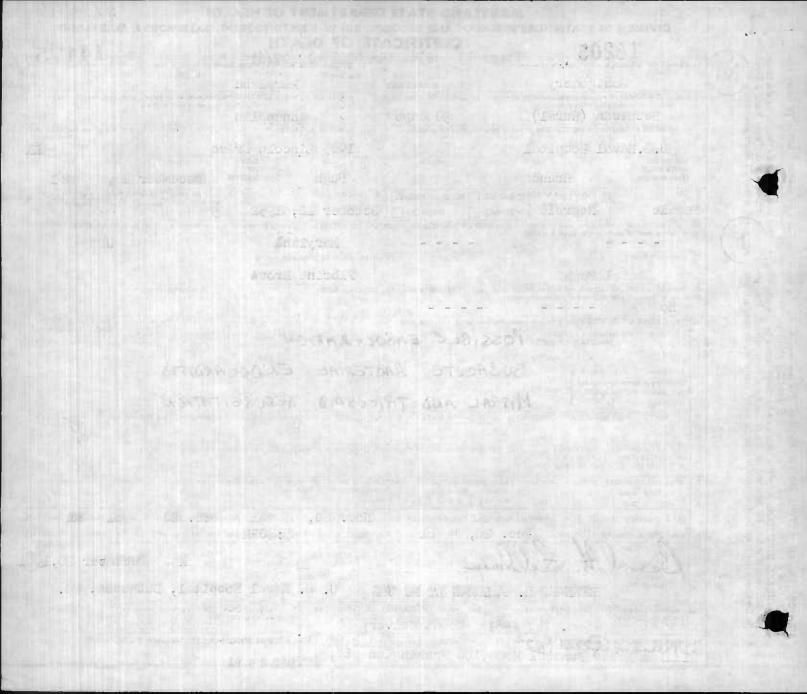
funeral the day by filled in Pages 1 etely and physician attending certificate has been signed by the r use as the burial-transit permit. T attending physician. the hospital or

hours after within any ever as o 4 may be retained by the ho L DIRECTOR: After this cet 3 should be detached for u the State Dept. of Health pri or, page

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15	M	7	61	

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECO RESTON STREET, BALTIMORE 1, MARYLAND OF DEATH CERTIFICATE USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) 1. PLACE OF DEATH e. COUNTY a. STATE b. COUNTY Montgomery MARYLAND Maryland b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL end give nearest town) Bethesda (Rural 30 days Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? U.S. Naval Hospital 1905 Tincoln Drive YES NO NAME OF 4. DATE Month Year DECEASED OF (Type or print) Brenda. 1967 Pugh DEATH December 20. 6. COLOR OR RACE 5. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED KT last birthday) Female WIDOWED [ October 12, DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Daniel Pugh Florine Brown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).) INTÉRVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: SSIBLE EMBOLIZATION IMMEDIATE CAUSE (e) DUE TO SUBACUTE BACTERIAL ENDOCARDITIS gave rise to immediate cause DUE TO (e), steting the underlying AND TRICUSPID REGURGITATION cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY CERTIFICATION RERFORMED? NO T 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) (State) 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour e.m. et work et work p.m. 21. I certify that (1) (this hospital) attended the deceased from Nov. 20. ....., 1961, to...Dec. 20. ...., 19.61 that (1) (two) last 22a SIGNATURE 22b. DATE ATTENDING PHYS. X December PHYS. DIRECTOR M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) U. S. Naval Hospital, Bethesda, Md. BERNARD H. FELDMAN LT MC USN 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) Dec. 1961 Mount Calvery Arnold, Maryland Burlal 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE ADDRESS Annapolis, Md.

24 FUNERALD DIRECTOR'S SUCHATURE Funeral Home, 108 Washington St., DAT DEC 2 6 '61 Cilwa & Kana



TOR VR A15 (4) 15M 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MAI

14206	CERTIFICA	ATE OF DEATH	MORE I, MARILANI	14176
1. PLACE OF DEATH a. COUNTY MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (What a state wary)		nstitution: Residence befare admission) V
	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF o	utside corporote limits, v	vrite RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street at OR INSTITUTION  Marilea Nursing Home	ddress}	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Nannie 5. SEX 6. COLOR OR RACE 7. MARRIE	Middle  E	Last Revell B. DAJE OF BIRTH	9. AGE (In	Manth Day Year Day Day 25th 1961  Years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
Female White WIDOWE	DIVORCED	Unknown	last birth 89	day) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind af wark dane during most of warking life, even if retired) HOUSE WITE  13. FATHER'S NAME	IND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (State  Marylar  14. MOTHER'S MAIDEN N	nd	12. CITIZEN OF WHAT COUNTRY?
Samuel Harris		Minnie 3		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)		INFORMANT Mrs Brooks A	Matthews	Address LaPlata, Wd
Conditions, if any, which gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> (b)  DUE TO  (c)	Ten a	Consil a	tuesac	Chroder From
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERMI	NAL DISEASE CONDITIO	ON GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	RIBE HOW INJURY OCCUR	RED. (Enter nature of injury in f	Part I or Part II af item 1	(B.)
20c. TIME OF INJURY Month, Day, Year 20d. IN. Haur a. m. p. m. 19 While at work	Nat while	PLACE OF INJURY (Home, farm factory, street, office bldg., etc.		(County) (State
21. I certify that (I) (this hospital) attended saw the deceased alive on 2	ed the deceased from			2.5, 19.67, that (1) (we) last es and on the date stated above
220. SIGNATURE	cen za	M.D. ATTENDING AMPHYS.	ED. STAFF PHYS.	22b. DATE SIGNED
22c. PHYSICIAN'S John S. Roger	s M.D.	22d. ADDRESS 112 Shaw	Avenue,	Silver Spring, M
230. BURIAL, CREMATION, 235. DATE THEREOF 12/28/1961	23c. NAME OF CEMETERY St John's		23d. LOCATION (City, Clinton	Md
24. EUNERAL DIRECTOR'S SIGNATURE	ADDRESS 131-	3 D Q DATEC		REGISTRAR'S SIGNATURE

			30341
		Charles of	
dillocal			
		cittling e solid	

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

14207 CERTIFICA	ATE OF DEATH
1. PLACE OF DEATH O. COUNTY  MONTHOMERY  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before administration of STATE b. COUNTY Marcy / And Montgomers
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)  Detrics Solution	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 50 Bethesda
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 4532 FAIRFIFLD DRIVE	1 d. STREET ADDRESS 4532 FAIRFIELD DRIVE  ON A FARM? YES NO NO
3. NAME OF DECEASED (Type or print)  GRACE TRUMAN	Ridgeway DEATH December 13 1961
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED     FEMALE   White   WIDOWED   DIVORCED	8. DATE OF BIRTH 9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.  (You. no. or ynknown)   11 yes, give wor or doine of service)	INFORMANT BROWN Address
18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).]	OS Fuelyn D. Beall Bethesda Md. INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  420 DUE TO	Zdema 3 hours
Conditions, if ony, which gave rise to immediate DUE TO	+ Ventricular Heart Fasher 3 hours
couse (o), stoting the under:   DUE TO     lying cause lost.   (c)   Carteriocale   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	
Ebronie Zon- obstructive Employed 2000. ACCIDENT WAS UNDERLYING   2000. DESCRIBE HOW INJURY OCCURR	Chronic Cor Pulssone YES NO IN ED! (Enter nature of injury in Part I or Part II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	LACE OF INJURY (Home, farm, 20f. (City ar town) (County) (Stote) octory, street, affice bldg., etc.)
	14. 194, to 12413, 184, that I last saw the deceased h occurred at 11:45 AM, from the causes and an the date stated above.
ACTUAL SIGNATURE Cliffon R. Friere	ADDRESS (Street, city or town, stole)  DATE SIGNED  M.D. 915 19 to 54. No. W. Hack LDC 12/13/
PHYSICIAN'S NAME (Type) Clifton F. Gmiver, M.D.	915 - 19th St. Y. Wesh 6, D. C.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify) DEC. 16, 1961 FREDERIC	K WARREN COUNTY, VIRGINIA
23. FUNERAL DIRECTOR'S SIGNATURE HOME ADDRESS MADDOX FUNERAL HOME FRONT RO	4AL, VA, DATE DEC 1 8'61 Curling S. Thomas

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 be retained by the hospital ar attending physician.

TO NERAL DIRECTOR: After this certificate has been signed by the attending physician and complete field in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. It is and 2 should be filed with the registrar priar to burial, cremation, or remayal, and in any event within 72 hours ofter death.

VS A15 (4) 15M 9/55

70% /DV200

## FOR STATE HEALTH DEPT.

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VS. AISME SM 9/60

essal	. Pa	files	eal		
EDICAL EXAMINER: This certificate should be executed within 24 hours after death from delay is necessar	director	100	Section .	d agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.	
delay	eral	of be	e 8	_	-
Sny	e fun	etain	Staf	Jeath	
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urs a	es 1,	Page	B	77	
4 hc	Pag	M3.	pag	wifn.	
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cufec	Item	3 Wit	per l	n an	
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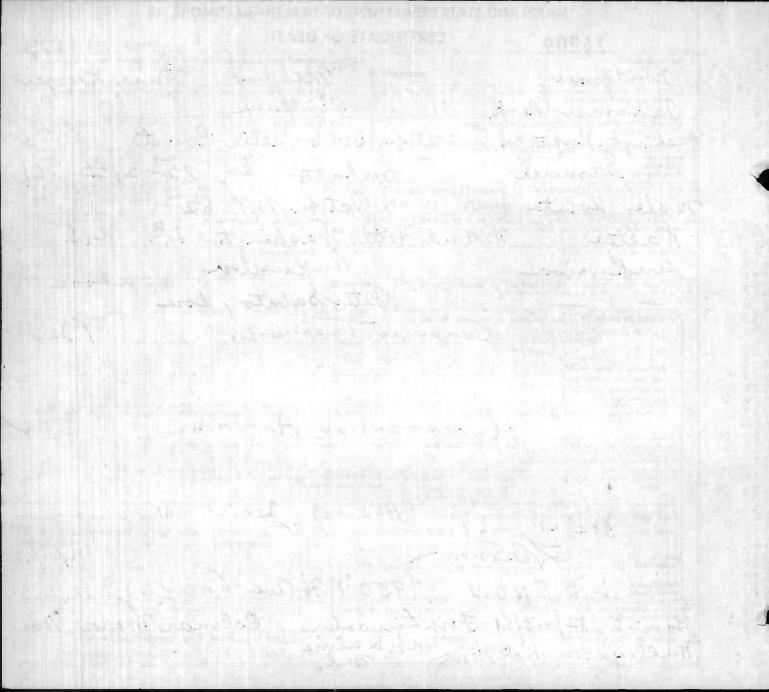
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14200

	1. PLACE OF DEATH		2. USUAL RESIDENCE	E (Where decessed lived, If institution: Re	sidence before edmission)
	Montgomery	Manuel warn	a, STATE	b. COUNTY	1
	b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	Maryla:	On outside corporete limits, write RURAL and	tgomery give nearest town)
	write RURAL and give nearest town)  Bethesda	Of mine	48 000	01	
. 1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	25 mins	d. STREET ADDRESS	vy Chase	I e. 15 RESIDENCE
4	and the state of t	oner, give sireer address;	d. Siktel ADDRESS		ON A FARM?
4	Suburban		4730 Br	adley Blvd	YES NO
	3. NAME OF DECEASED ALSO KNOWN AS IRE	Middle	Lasi	4. DATE Month	Dey Year
	(Type or print) Nartin	IN9 SCHALTM	Ross	Dec. 26.	49 67
1	5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 3	DATE OF BIRTH	9. AGE (In yeers   IF UNDER 1 Y	EAR IF UNDER 24 HRS.
	Male White WIDOWE		9/9/09	last birthdey) Months Do	eys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done defring post of working life, even if refired)	ND OF BUSINESS OR INDUSTR		foreign country)   12. CITIZ	EN OF WHAT COUNTRY?
Л	Jalesman		New York	TT	.S.A
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		•D•A
	Staved Box		Mana	2 3 4	
ı	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. 5	SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	
	(Yes, no, or unkown) (ffyesgive war or detes of service)	Шом	rict Want /	904 River Rd., Beth	Md (friend
	Yes Army 18. CAUSE OF DEATH Enter only one cause per li		riet nuit - 4	904 HIVER Rd., De WI	INTERVAL BETWEEN
			m ffi ai an arr		ONSET AND DEATH
ł	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A cute	Myocardial II	isulliciency		sudden
ı	DUE TO COMON	ant Ocalusian	7 - 64 03	67 0 1	**
	Conditions, if any, which gave rise to immediate cause	ary occiusion,	Telt Circumi	flex Coronary Artery	ft
1	(a), stating the underlying DUE TO				
		rhage into All			11
	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?
1	<u>                                      </u>				YES NO
	PRIMARY Or CONTRIBUTING	BE HOW INJURY OCCURED. (E	nter neture of injury in Part I	or Pert II of item 18.)	
1					
	20c. TIME OF INJURY Month, Dey, Year 20d. It Hour a.m. While at work		CE OF INJURY (Home, farm, ory, street, office bldg., etc.)	20f. (City or town) (Count	y) (Stote)
ı	E p.m. 19 at work	et work			
	21. I certify that I took charge of the remains	ains described above, hel	d an Autopsy X. In	rspection , Inquiry ,	and in my opinion
1	death resulted from: Natural causes X.	Accident, Suici	de, Homicide _	, Undetermined manner	
1	1- 10		CHIEF MEDICAL EX	AMINER [	
1	SIGNATURE THEN	wirhait	M.D. ASSISTANT MEDIC	AL EXAMINER	DATE SIGNED
	EXAMINER'S		DEPUTY MEDICAL E	XAMINER 12-	26-61
1	NAME (Type)  220. WRIAL, CREMATION, 220. DATE THEREOPART	22c. NAME QE CEMETERY OR	Address (Street, city		18
	REMOVAL (Specify)	22c. NAME OF CEMETERY OR	CREMATORY	2d. LOCATION City, town, or country)	Sil (Stote)
	23 JUNERAL DIRECTOR	Anness	124 0500	18 UNION	me
1	LACK LESVER DIE Z100	Elitaro Po	7	BY REGISTRAR   24b. REGISTRAR'S SIG	
1	Jour Kennow 200 6	mon /	DATEDEC	28'61   Chilma S. H	raus

99/9/9 The Marine State of the Control of t TERRETE MALE STATIONE MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 received by the hospital ar attending physician. ed in by the funeral directar, I and 2 should be filed with re retained by the hospital or attending physician.

THERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely page 3 shauld be detached for use as the burial-transit permit. Then please remove corban popers. Page the State Board of Health priar to burial, crematian, ar remayal, and in any event, within 72 hours after dealth

> VR A1S (4) 1SM 9/S9

# MARYLAND STATE DEPARTMENT OF HEALTH

	DIVISION OF			IMORE 1, MARYLAND	44490
	14216	CERTIFICA	TE OF DEATH	7/62 3.1	14180
n	ace of DEATH COUNTY ON I GOMERY	MARYLAND	o. STATE	44/1 New Je	50y 67X-3
b.	CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside carporote limits, write	RURAL and give nearest town)
d	NAME OF HOSPITAL (If not in haspital, give street	address)	d. STREET ADDRESS	HKKK \$1901/19	e. IS RESIDENCE
C	ON GRESSIONAL MAI	NOR	924/11/	USSISPIBLE.	THE NO I
(T	AME OF ECEASED First MATher INC	Middle	7. Peter	OF DEATH	
S. SE	+ WHITE WIDOWE		March 6	1886 9. AGE (In year last birthday)	Manths Days Haurs Min.
10a.	USUAL OCCUPATION (Give kind af wark dane 10b. during mast af warking life, even if retired)	KIND OF BUSINESS OR INDU	Pennsy	IVania	12. CITIZEN OF WHAT COUNTRY?
3	ATHER'S NAME  ETHICK MADISAN		MA NORH	NAME 7 SHANAHA	
1S. V (Yes,	VAS DECEASED EVER IN U. S. ARMED FORCES? 16. 1	SOCIAL SECURITY NO. 17.1	rques St.P.	ter as As	SEC HOFZNINGS TMEADEM
1	B. CAUSE OF DEATH [Enter only one cause per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	re far (a) (b), and (c).]	ascular	accident	INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	vulral a	rtirisselv	roni	10 mins
FICATION	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	extery deman	O, Chronics per	IVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CERT	OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTHEY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter northe or injury in	ran far ran ii di new is.	
MEDICAL	Oc. TIME OF INJURY Manth, Day, Year 20d. IN While at wark	Nat_while fo	ACE OF INJURY (Hame, far ctary, street, affice bldg., et	m, 20f. (City ar tawn)	(Caunty) (State)
	21. I certify that (I) (this hospital) attends saw the deceased alive an 10			S8, to 10 Dec PM, from the causes of	19 (1) (we) last and an the date stated abave.
	David A.	Keel	M.D. PHYS.	AED. STAFF PHYS. PHYS.	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS		
	BURIAL, CREMATION, 23b. DATE THEREOF 12-14-61	23c. NAME OF CEMETERY OF MARY REST	CEMETERY	23d. LOCATION (City, town	
	ONERAL DIRECTOR'S SIGNATURE	ADDRESS So	(E11 2 71 / EDITE	D BY REGISTRAR 2Sb. REG	GISTRAR'S SIGNATURE

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bletely filled in by the funeral papers. Pages 1 and 2 should in 72 hours after death. A HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the Page 4 may be retained by the hospital or attending physician.

\*\*CUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please remove affician capers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

> VR A15 (4) 15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

14211

CERTIFICATE OF DEATH

14181

Į II	. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Re-	sidence before edmission)
1	o. COUNTY MONTGOMERY MARYLAND	STATE AND PORTER A	
1	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end	give neerest town)
1	Write RURAL end give neerest jown)  9 days	ArlingTon 8	24.2
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE
1	Whenton Nursing Home	2347 South NASh ST	YES NO
3.	NAME OF First Middle	Last 4. DATE Month	Dey Yeer
_	(Type or print) IRENTI'SS DIXONS	SALE JR DEATH 12 2	7 19 6/
5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.  WIDOWED DIVORCED DIVORCED	DATE OF BIRTH  19. AGE (In yeers IF UNDER 1 Y lest birthdey)  4. 4 yrs.  10. AGE (In yeers IF UNDER 1 Y lest birthdey)  4. 4 yrs.	EAR IF UNDER 24 HRS.  Hours Min.
10	10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTRY	6 7 713.	EN OF WHAT COUNTRY?
	done during most of working life, even if retired)	KNOX 111 LLE TENN	MACA
13		14. MOTHER'S MAIDEN NAME	01311
	PRENTISS D. SALE SR	CAROLYN HESLEN	
		FORMANT ASPESS	
(Y	Yes, no, or unkown) ((fyesgive werordetesofservice)	Home Records	
	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]		INTERVAL BETWEEN
	PART DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	hemorehage	ONSET AND DEATH
	IMMEDIATE CAUSE (a) C P= 1 1 - D1 17 2	111,110KK ISISYL	2.0113
	DUE TO 6 / To	1 - 1	
	Conditions, If any, which ) (b) hyper / 12N	JIN	
	geve rise to immediate cause (e), steting the underlying  DUE TO		
	cause lest.		
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(e) 19. WAS AUTOPSY
CATION			PERFORMED?
		(Enter neture of injury in Pert I or Pert II of item 18.)	1.65
CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	temer made of mary miretines results of them tory	
MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLAC	CE OF INJURY (Home, ferm, 20f. (City or town) (Count	y) (Stete)
E	Hour a.m. While Not While et work et work	ry, street, office bldg., etc.)	
12		Dec 19 10/11 10/1/27 10	// / / / / / / / / / / / / / / / / / / /
	21. I certify that (I) (this hospital) attended the deceased from.	113	/
		death occured atM, from the causes and on th	
	220. SIGNATURE	ATTENDING MED. STAFF	22b. DATE SIGNED
	Lelden / ( lap 11 ~ M.C		
	22c. PHYSICIAN'S	22d. ADDRESS	
	BELDEN K. KEAP, M.D.	11502 GRANOVIEW AUE, WA	EATON, MD
23	36. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY O	R CREMATORY 23d. LOCATION (City, town or county)	(Stete)
	burial 12/30/61 Glenwood Co	emetery Washington, D.C.	
24	4 FUNERAL DIRECTOR'S SIGNATURE 290 ADDRISS th St.	N W 258. REC'D BY REGISTRAR 256. REGISTRAR'S SI	GNATURE
-	The C H Hines Co	0 100	10
	Washington 9	, D. C. DAIL JAN	O Norwing

HILE-E THE BURE OF STREET The second secon REZDEN IS. KEAP, M.D. 11502 GRANOUTE FIRE, ENGLISH HER. budget a leyson to the property of the party Type of arms and the to B. H. Billies Gd. washington 9, 1.9.

mpletely filled in by the funeral papers. Pages Land 2 should The law requires that the death certificate be executed within 24 hours after in 72 hours eath. Page 4 may be retained by the hospital or attending physician.

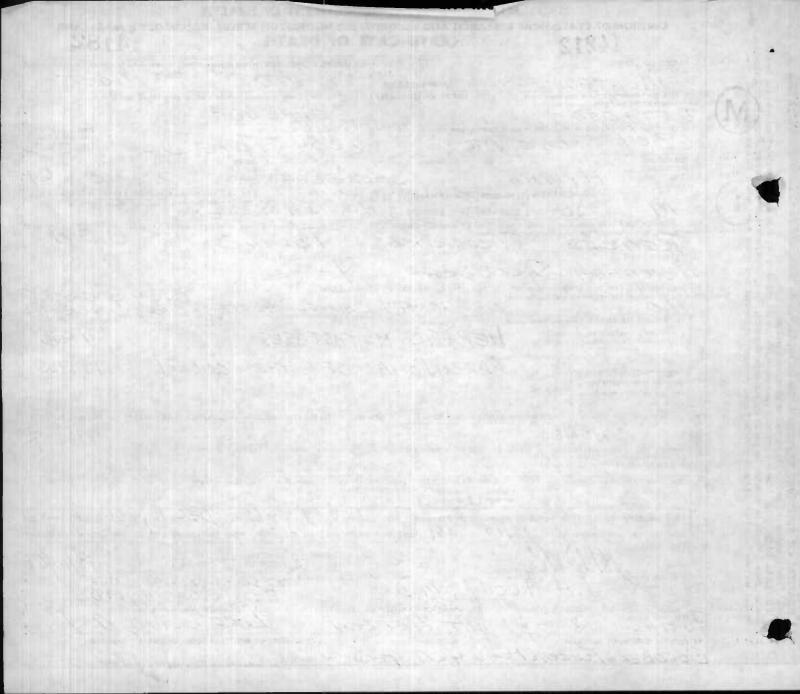
O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician an director, page 3 should be detached for use as the burial-transit permit. Then please remove cerbon be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any eyent, with HOSPITAL OR ATTENDING PHYSICIAN:

VR AIS (4) 15M 7/61

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14212 CERTIFICATE OF DEATH 14182

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission)
e. COUNTY	e. STATE 127 b. COUNTY
MARYLAND	110.
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)
BETHESDA	DETHESDA 39
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS   e. 15 RESIDENCE
6304 TONE DR.	6304 TONE DE YES NO LE
3. NAME OF First Middle	Last 4. DATE Month Day Yeer OF
(Type or print) HYMAN SI3	423ERG DEATH 12 10 19 6/
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
M WIDOWED DIVORCED 1	7 PR 13 1890 68 415.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ICETIRED IRUCICING	FOLAND U.D.M.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
HBIEHHAM SALZBERG	YETTA
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address / C
(Yes, nonof unkown) (Ifyesgivewarordetesofservice)	Spring Saires Stog OFEREER
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a) TEPHIC 9	ETASIASES 9403
153,Q DUE TO DATE 1	
Conditions, if eny, which ) (b) CARCINOMA	OF THE COLON 17 MOS
gave rise to immediate cause	
(e), stating the underlying Cause last.	
	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19, WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  NONE  20a. ACCIDENT WAS UNDERLYING  CONTRIBUTING CAUSE OF DEATH  (If EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?
20a. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in Pert I or Pert II of item 1B.)
f	CE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)
Hour e.m. While Not While et work et work	ory, street, office blog., etc.)
print, to pred test	NOV 7 10/0/ 10 DEC. 10 10/0/ 10/0 (->)
21. I certify that (1) (this hospital) attended the deceased from	
saw the deceased alive on 12/10 19.61, and that	death occured at 1.3.4M, from the causes and on the date stated above.
22e. SIGNATURE	ATTENDING / MED. STAFF , SIGNED
Stilliones M	.D. PHYS. DIRECTOR PHYS. 12/10/61
22c. PHYSICIAN'S NAME Type) / L/ TIPE SIN	22d. ADDRESS 77 20 WISCONSIN AVE
NAME (1) PO H. 100HY, 19.0	BETHESDA 14 MD
230. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Sjete)
REMOVAL (Specify)	BON LONG BLAND, M. Y-
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
GOLDBERG FUNCEAL HOME 4217 GT	45 NW DATEDER 13'61 Grillon & Kraus
Do to	TOTAL TO THE CONTRACT AS TAKEN

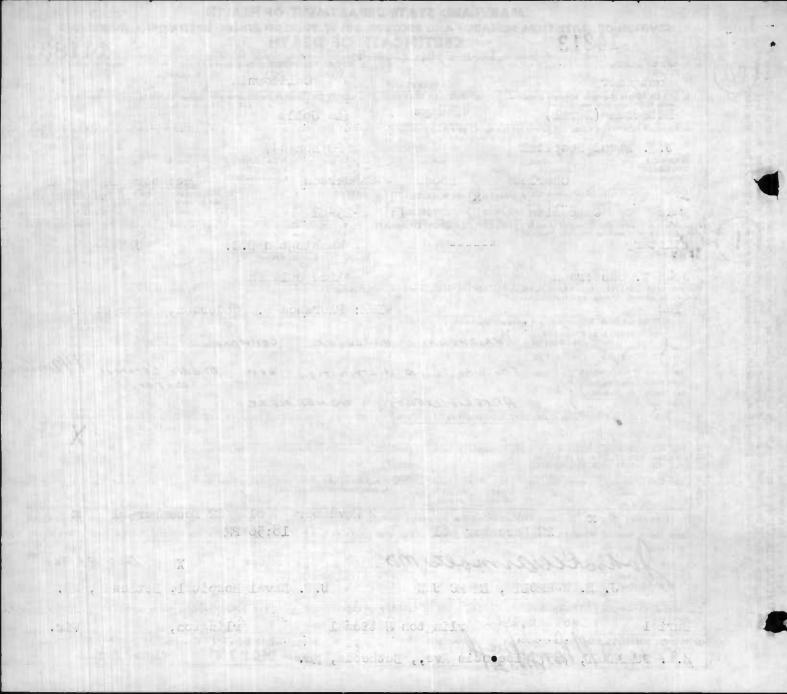


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	DIVISION	212	RESEARCH AND R	ELC A			ET, BALTIM	ORE 1, /	MAR	YLANI	
_	5	4213	Item 23b	FICAT		77	wlc		_1	411	33
1.	PLACE OF DEATH				2. USUAL RESIDEN				Residenc	e before	dyrission
	Montgome	ery	MAR	YLAND	a. STATE Cali	fornia	b. COUN	IIY			
		f outside corporata limits, giva nearest town)	c. LENGTH OF ST	TAY IN 1b	c. CITY OR TOWN	If outsida cor	porata limits, write	RURALand	d giva n	aarest tov	vn)
	Bethesda	(Rural)	42 days		La Jolla	,		la	+3	x . 3	
	d. NAME OF HOSPIT	AL OR INSTITUTION (if no	t in hospital, giva straat ad-	dress)	d. STREET ADDRESS						A FARM
		ral Hospital			PO Box 4	47				YES	NO [
	NAME OF DECEASED	First	Middle		Last	4. DATE	Month		Day	Yea	r
	(Type or print)	Charles	Roosa		Sanderson	DEAT	H Dece	mber	22	19	61
5	SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARR	IED   8.	DATE OF BIRTH		9. AGE (In years			IF UNDER	
	Male	Caucasian w			6-25-82		last birthday) 70 yrs.	Months	Days	Hours	Min.
10a	. USUAL OCCUPATI	ON (Give kind of work	10b. KIND OF BUSINESS C	OR INDUSTR	Y   11. BIRTHPLACE (Cou	nty & State, o	r foraign country)	12. CIT	ZEN OF	WHAT	OUNTR
	Military	rking life, evan if retired)			Washingt	on D C		US	Λ		
Fr	FATHER'S NAME				14. MOTHER'S MAIDEN		•	1 0102	(3		
	John W. Sa	ndarcon			Alice Oul	ahan					
		R IN U.S. ARMED FORCES	1 16. SOCIAL SECURITY	NO.1 17. I	NFORMANT	anan	Address		-		
(Ye		yas giva war or dates of service						~		110	
	Yes	EATH [Enter only one cau			FE: Florence	S. Sa	nderson,	Same		RVAL BE	F)
	Conditions, if any, gave rise to immedia (a), stating tha un cause last.	nderlying DUE TO	ARTERIOSCIE			Left		Ceres resy	bral	14	2m
χ	PART II. OTHER	SIGNIFICANT CONDITION							9/-31 40	. WAS	NUTOPS'
ΣI								EN IN PAKI	1(9) 13		
<								EN IN PAKI	1(a) 19	ES X	NO T
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING ! (IF EITHER, NOTIFY	AS UNDERLYING   20   CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY	OCCURED	(Enter natura of injury in			EN IN PAKI	Y Y	ES X	
	OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUI Hour a.m. p.m.	CAUSE OF DEATH MEDICAL EXAMINER)  RY Month, Day, Yaer  19	20d. INJURY OCCURRED While Not While et work at work	20s. PLA facto	CE OF INJURY (Homa, far ory, street, office bldg., etc	Part I or Part	II of itam 18.) ty or town)	(Cou	nty)	ES X	(Stata)
	OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJUIT Hour a.m. p.m.  21. I certify the saw the decease	CAUSE OF DEATH MEDICAL EXAMINER)  RY Month, Day, Yaer	20d. INJURY OCCURRED While Not While twork at work at attended the deceas	20e. PLA facto	CE OF INJURY (Homa, far bry, street, office bldg., ele 2 November	Part I or Part  m, 20f. (Ci	II of itam 18.) ty or lown) 22 Dece	(Cou	nty)	eat (T)	(Stata) (we) la
	OR CONTRIBUTING (IF EITHER, NOTIFY  20c. TIME OF INJUI Hour a.m. p.m.  21. I certify the saw the decease  22e. SIGNATURE	CAUSE OF DEATH MEDICAL EXAMINER)  RY Month, Day, Yaer  19  nat 10 (this hospital) ed alive on 22.00	20d. INJURY OCCURRED While Not While twork at work at attended the deceas	20e. PLA facte	ce of injury (Home, far ory, street, office bldg., etc.)  November  death occured at 1  D. ATTENDING  PHYS.	Part I or Part  m, 20f. (Ci	II of itam 18.) ty or lown) 22 Dece	(Cou	nty)	eat (T)	(Stata) (we) ladd above DATE
MEDICAL	OR CONTRIBUTING (IF EITHER, NOTIFY  20c. TIME OF INJUIT Hour a.m. p.m.  21. I certify the saw the decease 22e. SIGNATURE  22c. THYSICIAN'S WAME (Typa)	ACAUSE OF DEATH MEDICAL EXAMINER)  RY Month, Day, Yaer  19  nat 10 (this hospital) ed alive on 22 De  MRCULO  T. R. WARMOLT	20d. INJURY OCCURRED While Not While of work at work at work at tended the deceasember 1961  The standard of the deceasember 1961  The standard of the deceasember 1961	20e. PLA factor and that	CE OF INJURY (Home, far bry, street, office bidg., electrons, street, office bidg., electrons, street, office bidg., electrons, street, office bidge, electrons, street, electrons, street, electrons, street, electrons, el	Part I or Part  m, 20f. (Ci  19 61, to  8.556 fr  MED.  director	Il of itam 18.)  ty or lown)  22 Dece  At the causes  PHYS. X  Ospital,	mbergo and on the Country and on the Bethe	nly) 61, the date of the date	es to the state 22h 23,/s	(Siata) (We) late disconnection of the control of t
WEDICAL WEDICAL	OR CONTRIBUTING (IF EITHER, NOTIFY  20c. TIME OF INJUIT Hour a.m. p.m.  21. I certify the saw the decease 22e. SIGNATURE  22c. THYSICIAN'S WAME (Typa)	ACAUSE OF DEATH MEDICAL EXAMINER)  RY Month, Day, Yaer  19  nat 10 (this hospital) ed alive on 22 De  I. R. WARMOLT  ON, 23b. DATE THEREOI Dec. 26,	20d. INJURY OCCURRED While Not While of work at work attended the decease cember 1961,  The standard of the decease cember 1961,  28, LT MC USN 123c. NAME OF	20e. PLA facte ed from and that	ce of injury (Home, far bry, street, office bidg., etc.  November  death occured at 1  Attending Phys.  22d. Address U.S. N	Part I or Part  m, 20f. (Ci  19.61 to  8.56 fr  MED.  DIRECTOR  aval H	Il of itam 18.)  ty or lown)  22 Dece  At the causes  STAFF PHYS.	mbergo and on the Country and on the Bethe	nly) 61, the date of the date	es to the state 22h 23,/s	(Slata) (we) lad above DATE SIGNI

Win.



funeral within 24 hours after the d 2 by th apers. Pages 1 a .= -Pages filled letely with and event, physician remove please attending removal hospital or attending physician. certificate has been signed by the permit. ō as the burial-transit PHYSICIAN: the hospital or use prior for After this Health detached be retained by 4 may be retained.

DIRECTOR: A should be detrible State Dept. of n. Page 4 ector, VR A15 (4)

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Maryland Montgomery Montgomery MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give neerest town) Bethesda Silver Spring 14 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straat address) d. STREET ADDRESS 10709 Glenwild Rd. Suburban NAME OF First Middle 4. DATE Month DECEASED OF (Type or print) DEATH 20 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR last byrthday) Months Dave WIDOWED T Feamle White DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired U.S.A. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Johanna Frasius Charles Gaertner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror dates of service) Mr. Alvin Sarra, son same as above 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Conditions, if eny, which (a), steting the undarlying OSIS ceuse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT Muocarell 20a. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, ' 20f. (City or town) factory, street, office bldg., etc.) While Not While Hour a.m. at work p.m. 21. 1 certify that (1) (this hospital) attended the deceased from 11.2-7. saw the deceased alive on.

. IS RESIDENCE ON A FARM?

YES NO

1960

IF UNDER 24 HRS.

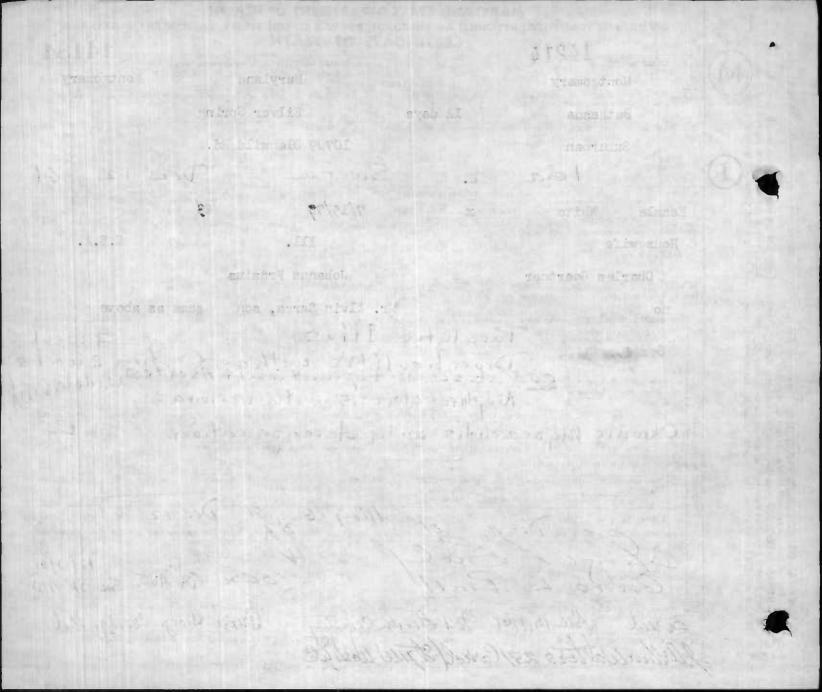
Hours

INTERVAL BETWEEN ONSET AND DEATH

Year

RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION ERFORMED? NO (County) (Stata) DATE SIGNATUR ATTENDING SIGNED PHYS. DIRECTOR PHYS. M.D PHYSICIAN'S 22d. ADDRESS NAME OF CEMETERY OR CREMATORY (Stete) 23e. BURIAL, CREMATION, | 2317 DATE THEREOF (Specify) 750. REC'D BY REGISTRAR 256. KEGISTRAR'S EUNERAL DIRECTOR'S

15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 14215 14185

) <sup>1</sup> .	e. COUNTY	mtgome	29	MARYLAN	e. STATE		(Where decee	b. COUN		idence before	admission)
		f outside corporete limi	14.	c. LENGTH OF STAY IN	b c. CITY	OR TOWN (If o	utside corporet	e limits, write	RURAL and g	ive neerest to	wn)
-		give neerest (own)			Wash	ington	a. D.C		47	x . 3	
-			if not in hos	pitel, give street address)		T ADDRESS	-, -, -	•			RESIDENCE
	Carroll	Hall	Sani	torium	2737	Devor	nshire	P1.	N.W.		NO
3.	NAME OF DECEASED (Type or print)	Wilson		Middle Sala	Herfiel	11	OF DEATH	Del	•	Dey Ye	61
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF BIT	RTH	9. A	GE (In yeers	IF UNDER 1 YE		R 24 HRS.
	m	W	WIDOWE	3.5	12/25,	/08	53	st birthdey) yrs.	Months De		Min.
10e	ne during most of wo	ION (Give kind of work rking life, even if refire Piano Tun	d) 10b. K	IND OF BUSINESS OR INDU		LACE (County	& State, or fore	ign country)		N OF WHAT	COUNTRY?
-		Plano Tun	er	Self	Pa.			JEU.	0.0	.A.	
13.	Lawrenc	e Satterf	ield			Kathry		on			
				SOCIAL SECURITY NO. 1	. INFORMANT	r		_ Address	0		-
{Ye		fyes give weror detes of s	ervice)	2	Helen S	. Stee	ds 20		Genes	ee Ay	e.
	no	EATH (Enter only one	cause per l	ine for (e), (b), end (c).]		-	Tic	a WIIE	етер	30, B	ETWEEN
	PART I. DEAT	H WAS CAUSED BY:	/	Irem ia						ONSET AND	DEATH
	100	IMMEDIATE CAUSE (e)		1011101		,					
	600.	DUE TO		D 1/- 00	/ /						
	Conditions, it eny	(0)		GPIONEZ	with.	5					
	geverise to immedi (e), steting the u	DITE TO	/	5 /	- /	/	- /	/ .			
	ceuse lest.	(c)	0	PHBYO 112	ar c	stor.	1050/6	30515			
HOI	PART II. OTHER	SIGNIFICANT CONDI	TIONS CON	ITRIBUTING TO DEATH BUT		THE TERMINA	L DISEASE COL	NDITION GIVE	EN IN PART 1	PERF	AUTOPSY ORMED?
CA		010 6	rre	Val Vasc	clar (	90150	00			YES	NO NO
CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	RED. (Enter neture	of injury in Per	rt I or Pert II of	item 18.)			
CAL	20c. TIME OF INJU	RY Month, Dey, Ye	er   20d.		PLACE OF INJURY		20f. (City or	town)	(Count	y)	(Stete)
MEDICAL	Hour e.m.	None	While et wor		factory, street, ofti	ce bldg., etc.)					
		hat (I) (this hospi	tal) atten	ded the deceased fro	m 12/	26 19	61. to 2	DIBA	19	that (I)	(we) last
				28 19 61, and 1							
	224. SIGNATURE	111									Zb. DATE
	1	1.5/1	man	lan.	M.D. PHYS.			STAFF PHYS.	1	2/20	SIGNED
	22c. PHYSICIAN'S	1000	7700	11	22d. Al					1-01	100
	AME (Type)	John J	8. 0.	mhon	80	805	onn.	Ave	e CA	1.16.	My
23	e. BURIAL, CREMATI	ON, 23b. DATE THE	REOF	23c. NAME OF CEMETE	RY OR CREMATO	RY	23d. LOCATIO	ON (City, tov	or county)		(Stete)
C	remation	12/29/	61	Ft. Linco	ln Crem	atory	Prince	Geor	ges (	County	Ma
24	FUNERAL DIRECTOR			901 APPRESS h S	N W	25e. REC'D	BY REGISTRA	R 25b. REC	SISTRAR'S SI	GNATURE	, 110
1	The S.H.	Hines Co		ashington (	D C	DATE JAN	2 '62	a	iting S. 1	Thous	
-			11	apartik com	19 44 49						

ACCEPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the page 4 may be retained by the hospital or attending physician.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and pletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death. VR A15 (4) 15M 9/60

A CONTRACTOR OF THE CONTRACTOR The Production of The Committee I. S. M. Bettend a fond agnor company of the contract o Andrewson leaves of the limited and the leavest leaves of the leaves of

AAADVI ANID	CTATE D	PRARTAGENIT	OF II	FAITH
MARYLAND	DIALED	EPAKIMENI	OF H	EALIH
			-	
SION OF STATISTICAL	RESEARCH A	ND RECORDS B	ALTIMO	RE 1, MARYLAND

14186

14216 CERTIFICATE OF DEATH

_				<del></del>		H-1	2/3/6	9 4 7 7 7 7		
	PLACE OF DEATH a. COUNTY	Mantagan	2111	MARY	<b>YLAND</b>	a. STATE	ARYLAND	d lived. If institut b. COUNTY		e before admission)
	b. CITY OR TOWN (I RURAL and give no SILVER SI	. '//	, welle	c. LENGTH OF STAY	IN 1b	c. CITY OR TOV	VN (If autside carpo		RURAL and gi	ive nearest tawn)
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in haspital, gi	ve street a			d. STREET ADD	udbury	Road	1	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type ar print)	FREDERIC		R Middle	SAU	NDERS Lost	4. DATE OF DEATH	Mo DE	nth	Day Year 7, 1961
5.	MALE		7. MARRII WIDOWEI	DIVORCE		DATE OF BIRTH	5.18,188; 55.6/	9. AGE (In years) last birthday) 75/78rs.	Months	Days Hours Min.
10c	. USUAL OCCUPATION during most of world	ON (Give kind of work di king life, even if retired)	one 10b. K	CIND OF BUSINESS C	OR INDUST		E (State or foreign of K, VIRGIN			S. A.
13.	FATHER'S NAME					14. MOTHER'S MA	AIDEN NAME			
	WILLIAM "	T. SAUNDERS				ROSELL	E WINNYGE	Winin	gder	
		R IN U. S. ARMED FORC (If yes, give war or dates of ser	vice)	OCIAL SECURITY NO 4-26-1139		ORMANT	SAUNDERS,	Add	dress	DAUGHTER
z	PART I. DEA Canditians, if a gave rise to i cause (a), stating lying cause last.	the under- DUE TO (c)	a	denoca	rcin	oma li	est up	for lung	VENTINI BART	INTERVAL BETWEEN ONSEL AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  201. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							PERFORMED? YES NO			
MEDICAL	20c. TIME OF INJUR Haur a. m. p. m.	Y Manth, Day, Year	20d. IN While at wark	JURY OCCURRED  Not while of work	20e. PLA	CE OF INJURY (Har ary, street, affice bl	ne, farm, 20f. (Cit dg., etc.)	y ar tawn)	(Co	aunty) (State)
		Saul			I that de	ATTENDING PHYS.		STAFF PHYS.	nd on the	that (I) (No) last dote stated abave.  22b. DATE SIGNED
	REMOVAL (Specify)		F	23c. NAME OF CEM			23d. LOCA	TION (City, town,	ar county)	(State)
-	UREMATION	12/8/61		CEDAR HIL	L CRE	-		ENSBURG,		MARYLAND
24.	NINERAL DIRECTOR	SIGNATURE	. (	ADDRESS	70	C	o. REC'D BY REGIS		ISTRAR'S SIG	Thank

IN , Waldes my Lis AND DESCRIPTION OF TOTAL OF Amarie , sarradi Carra pricas, all and Lau File THE RESIDENCE OF THE RESIDENCE OF THE PARTY 20-27-1139 CARD DOING BANKERS, GAR IN 28 .- THE WARREN BALES TO TOTAL CROAM THE CREATERS IN TAXABLE

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	14217 CERTIFI	CATI	OF DEATH			14187		
1.	PLACE OF DEATH		2. USUAL RESIDEN	CE (Where deceased I	ived, If institution: R	esidence before admission)		
	Montgomery MARY	LAND	o. STATE Md	L.	. COUNTY Mon	tgomery		
	b. CITY OR TOWN (if oulside corporata timits, write RURAL and give neerest town)	Y IN 1b	c. CITY OR TOWN (I	f outside corporate tim	its, write RURAL and	give neerast town)		
		195	1-0 R	Thesda				
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat addr.		d. STREET ADDRESS	0-10	11 -	1   a. IS RESIDENCE		
	Suburban Hospital		014 350	8001 PI		YES NO K		
3.			Lesi	4. DATE	Month	Day Year		
	OECEASED (Type or print) Thomas P	Coox	Jan	OF DEATH 12	/ 27	10.67		
_	THOMAS It.	Scar			/ 27			
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIE	D 8	. DATE OF BIRTH	last hir	thdey)   Months   [			
10	Male White WIDOWED DIVORCE			899   62	yrs.	Deys Hours Min.		
do	e. USUAL OCCUPATION (Give kind of work need during most of working life, even if retired)	INDUSTR	Y 11. BIRTHPLACE (Count	ty & State, or foreign i	ountry) 12. CIII	ZEN OF WHAT COUNTRY?		
	industrial Engineerknex Engine	er	Pa.		U.	S.A.		
	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME				
	4 11		77	4 74				
16	Arthur Andrew L.			t Lingo				
(Y	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. or unknown) ((Ifyasgive werordales of service)	O. 17. I	NFORMANT		Address			
	No no 579-03-160	רו	Dorothy -	wi	fp			
-	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c		DOIO OILY -	n _	10	INTERVAL BETWEEN		
	PART I. DEATH WAS CAUSED BY: CISCHOMA	1	6			ONSET AND DEATH		
	IMMEDIATE CAUSE (e)	- 01	pourres			- Months		
	DUE TO	0	1					
	Conditions, if eny, which (b)		1					
	geva risa to Immedieta ceuse							
	(a), stating the underlying DUE TO					P 050 34		
	cause lest. (c)							
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	H SUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITI	ON GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?		
ATI	Phl. L.L.					YES X NO		
CERTIFICATION	200. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY	OCCUPED	(Enter nature of injury in I	Part I or Part II of item	18 \	110 🖾		
RT	OR CONTRIBUTING CAUSE OF DEATH	O CCGRED	. (Emar nature of injury in t	rail t of rail ti of Halli	10.)			
	(IF EITHER, NOTIFY MEDICAL EXAMINER)							
MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED		CE OF INJURY (Home, ferm		(Cour	nty) (State)		
0	Hour a.m. While Not While	tect	ory, street, office bldg., etc.	.)				
Z	p.m. 19 er work at work		- 1.1	-	1.	11		
	21. I certify that (I) (this hospital) attended the deceased	d from	12-1	19.6./, to	<b>1.2.7</b> , 19.0	o. (, that (I) (we) last		
	saw the deceased alive on 12/27/41 19 and that death occurred at P.M. from the causes and on the date stated above.							
	220. SIGNATURE 22b. PATE							
	Dr Joseph Kennens			MED. STAF		IA 2 SIGNED		
		M	.D. PHYS. D	TREETOR TITLE	. 🗀	12/20/6/		
	22c. PHYSICIAN'S NAME (Type)	N	/ / / A / 1	1	But	V n		
	DI JOSEPH KENRIC	1	6450 W	isconsin Us	1, Bellis	la, had		
23		EMETERY (	OR CREMATORY	23d. LOCATION	City, town or county	(Stata)		
	REMOVAL (Specify)			De . 3 . 2 . 2	1			
_	Burial 1/2/62 Parklay	VD_C	emetery			yLand		
-	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Mom	4 4	D BY REGISTRAR 2	Sb. REGISTRAR'S	SIGNATURE		
	Robert A: Pumphrey, Bethesda,	Mar	VIAILO DATEAN	2 162	111 - 0 4	-		

'62

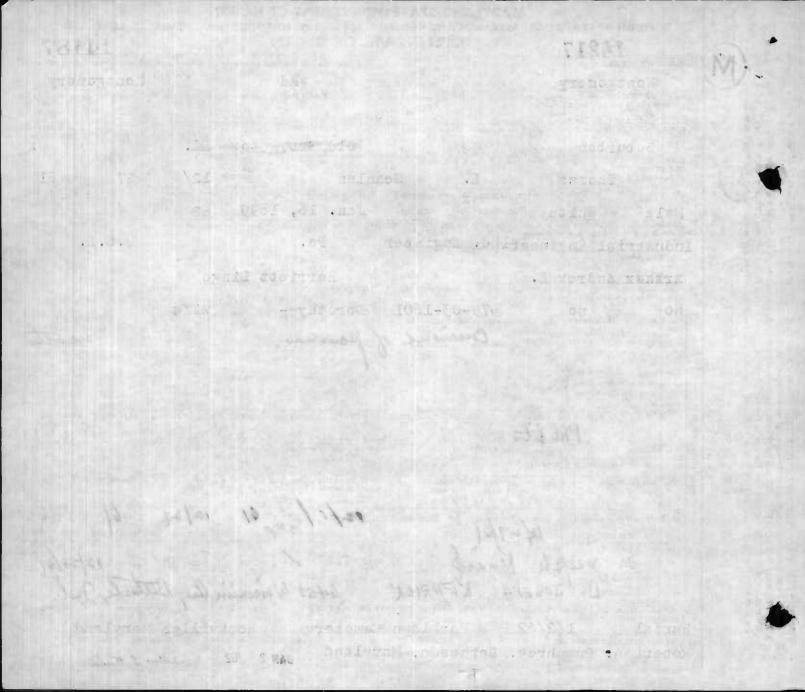
elolling & House

DAULN 2

The law requires that the death certificate be executed within 24 hours after filled in by the funeral Pages 1 and 2 should 72 hours after death. ely S OF NERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please remove carby be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, w TO O TO VR A15 (4) 1SM 9/60

OR ATTENDING PHYSICIAN:

OSPITAL



	73719	CERTIFICAT	E OF DEATH	1	1	141	88	
o. COUNTY	Nontrome	uy Maryland	o. STATE Maryland		Mont got	mery		
Takoma Parl	(if outside corporate limits, d give nearest town)	two weeks	silver Spri	(If outside corporete limit	s, write RURAL er	nd give n	learest tow	rn)
	Sanitarium &	ot in hospitel, give street address)  Z Hospital	d. STREET ADDRESS	1			e. IS RI ON YES	A FAR
3. NAME OF DECEASED (Type or print)	First	Middle	Last	4. DATE	Month	Day	Year	
5. SEX	6. COLOR OR RACE 7.		Schneider  B. DATE OF BIRTH		years IF UNDER	17	19 IF UNDER	61 24 HF
Male	White v	VIDOWED DIVORCED		107 . 10	yrs.	Days	Hours	Min
done during most of war Buidder	TION (Give kind of work orking life, even if refired)  retired	Own business or indust	Washington	n D.C.	ountry) 12. CI	U.S.	·A.	OUN
13. FATHER'S NAME LOUIS H. Sc	hneider		Adele Brook					
	y, which \ (b)	CONGESTIVE	HEART	TAILU	RE	-	- 7	
gava rise to Immad (a), steting the cause last.  PART II. OTHE	DUE TO (c)	MITRA	INSUFFI	CIENCY	ON GIVEN IN PAR	RT 1(e)   19		
(a), steting the ucause last.  PART II. OTHE  2Da. ACCIDENT WORLD OR CONTRIBUTING	DUE TO  (c)  R SIGNIFICANT CONDITIO  (AS UNDERLYING [] 21  (AS UNDERLYING [] 21	MITRAL.	OT RELATED TO THE TERMI	CIE V C			PERFO	NUTOP DRMED NO
(a), stoting the cause last.  PART II. OTHE  2 Da. ACCIDENT WOOD OR CONTRIBUTING	TAS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	MITRAL  INS CONTRIBUTING TO DEATH BUT N  A BETES ME  Db. DESCRIBE HOW INJURY OCCURE    2Dd. INJURY OCCURRED   2Do. PL	OT RELATED TO THE TERMI	Pert I or Part II of Item 11	В.)		PERFO	NO
(a), stoting the cause last.  PART II. OTHE  PART III. OTHE  OR CONTRIBUTING (IF EITHER, NOTIF)  20c. TIME OF INJU- Hour a.m. p.m.  21. I certify	Iste cause and orderlying DUE TO  R SIGNIFICANT CONDITION  (c)  R SIGNIFICANT CONDITION  (AS UNDERLYING DEATH  MEDICAL EXAMINER)  JRY Month, Day, Year  19	MITRA  INS CONTRIBUTING TO DEATH BUT N  A BETES ME  Db. DESCRIBE HOW INJURY OCCURRED    2Dd. INJURY OCCURRED   2De. PL   While   Not While   164   at work   et work   1	OT RELATED TO THE TERMI	Pert I or Part II of item 11 m, 2Df. (City or town)	(Co	ounty)	PERFO	NO (Stete
(a), steting the cause last.  PART II. OTHE  2Da. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJI Hour a.m. 21. I certify saw the decea 22a. SIGNATURE	DUE TO  (c)  R SIGNIFICANT CONDITIO  (AS UNDERLYING   21  (CAUSE OF DEATH (MEDICAL EXAMINER)  JRY Month, Day, Year  19  That (I) (this hospital)  sed alive on	INS CONTRIBUTING TO DEATH BUT N  A BETES ME  Db. DESCRIBE HOW INJURY OCCURE    2Dd. INJURY OCCURED   2Do. PL   While Not While   10 work   10 work	OT RELATED TO THE TERMINAL TO SENTENCE OF INJURY (Home, far. ctory, street, office bldg., etc. at death occured at 1.	Pert I or Part II of item 11 m, 2Df. (City or town)	(Co , 19 nuses and on	ounty)	PERFO	NO (State)
AND STATE OF THE S	Iste cause Inderlying DUE TO (c)  R SIGNIFICANT CONDITION  (AS UNDERLYING DEATH MEDICAL EXAMINER)  JRY Month, Day, Year  19  that (I) (this hospital)  sed alive on	MITRA  INS CONTRIBUTING TO DEATH BUT IN  A BETES ME  Db. DESCRIBE HOW INJURY OCCURE    2Dd. INJURY OCCURED   2Do. PL   While   Not While   fee   at work   et work       attended the deceased from   19 me	OT RELATED TO THE TERMINATION OF	Pert I or Part II of item 11  m, 2Df. (City or town)  19 5 9 to	(Co	runty)  he da	PERFO	(State

pletely filled in by the funeral executed within 24 hours after HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exc. It. Page 4 may be retained by the hospital or attending physician.

TUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon be filed with the State Dept. of Health prior to burial, greenation, or removal, and in any event, within H VR A15 (4) 15M 9/60

A THE RESERVE THE PARTY OF THE feedbay - wideling THE RESERVE OF STREET STREET, Tologist Medicard Medical Telephone Taylorist Fig. 10.00 to beneficial approach to the beneficial and the beneficial approach to the beneficial and the beneficial approach to the beneficial approach to

DIVISION OF STATISTICAL RESEARCH AND PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY the 12 MARYLAND pue b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) by .57 filled e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO L pletely NAME OF Middla DECEASED (Typa or print) DEATH 12 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B. DATE OF 5. SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. carbo plast birthday) Months and Days WIDOWED DIVORCED physician 1Da. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? remove BIRTHPLACE (County & State, or foreign country) dona during most of working life, even if ratired) U.S. Govt. Ret any Clerk 13. FATHER'S NAME please 7 attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. (Yas, no, or unkown) | (Ifyasgiva waror datas of sary ca) the Inknown Hospital Record none ig physician. 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit DUE TO aftending peen Conditions, if any, which gava rise to immadiata causa DUE TO (a), stating tha underlying has causa last. the ō PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate PERFORMED? hospital 95 NO L use 2Db. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of itam 18.) 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Day, Yaar 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, ) 20f. (City or town) (County) (State) factory, streat, offica bldg., atc.) Whila Not Whila Hour a.m. at work may be retain DIRECTOR: 1981, to 12. ...., 19 6./., that (I) (we) last ... and that death occured at A. J.M., from the causes and on the date stated above. saw the deceased alive on...... 22b. DATE 22a. SIGNATURE SIGNED PHYS. PHYS. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Typa) 106 Michael R. Dobridge GEORS 18 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Burial (Specify) Rock Creek Cemt. Washington, D. C. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 M's Sour Washington, D. C. DATEDEC 2 7 '61 (1-Thung & Kraine

STATE SU STREETINGS TO SESSY CHILL APPENDED TO THE WASTER OF THE PROPERTY OF THE PARTY OF TH 位。2011年2月11日 1912年 1912年 1912年 1913年 Of As may Milespells of Assault Lands and Assault BATTERS TO THE PARTY OF THE PAR there we will be a second of the second ione. Lone is a primary to the state of the series of the transfer tong of the

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1/200

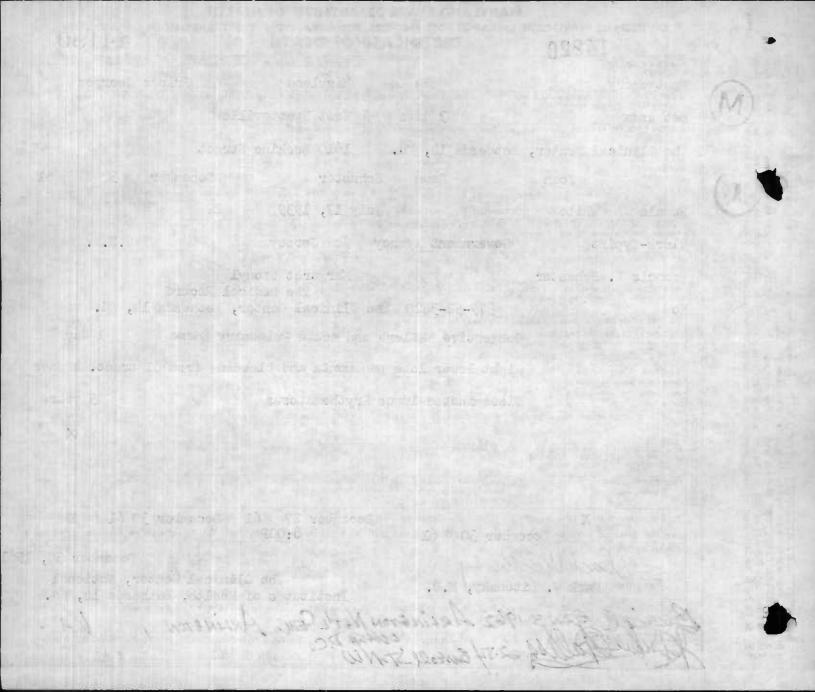
CERTIFICATE OF DEATH

1/200 CERTIFICATE OF DEATH 11,220

12661							
I. PLACE OF DEATH a. COUNTY		2. USUAL RESIDEN	NCE (Where deceased fived, If instit	ution: Rasidanca before admission			
Montgomery	MARYLAND	Maryland	b, county Prince	e Georges			
b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town)	c. LENGTH OF STAY IN 16		(If outsida corporata limits, writa RU	0			
Bethesda	3 days	West Hyat	tsville	1655-2			
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho		d. STREET ADDRESS		e. IS RESIDENCE			
The Clinical Center, Beth	esda 1/1. Md.	1610 Ersk	ine Street	YES NO			
3. NAME OF First	Middle	Last	4. DATE Month	Day Yaar			
(Typa or print) Joan	Dawn So	huster	December December	30 19 61			
5. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED A B.	DATE OF BIRTH	9. AGE (In years IF U				
Female White widow	ED DIVORCED JU	ly 17, 1939	22 yrs. Mo	onths Days Hours Min.			
Oa. USUAL OCCUPATION (Give kind of work dona during most of working life, evan if ratirad)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cou	inty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY			
	ernment Agency	New Jerse	y	U.S.A.			
3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME				
Francis X. Schuster		Margaret	Uzonyl.				
5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. Yes, no, or unkown)   (Ifyasgiva war or datasof service)	SOCIAL SECURITY NO. 17. I	NFORMANT The	Medical Record				
	79-52-3120 The	Clinical C	enter, Bethesda	ll. Md.			
18. CAUSE OF DEATH [Enter only one ceusa per line for (a), (b), and (c).]  INTERVAL BETWEEN  QNSET AND DEATH							
PART I. DEATH WAS CAUSED BY: Congestive Failure and Acute Pulmonary Edema 9N							
gave risa to Immediata cause  (a) stating the underlying DUE TO	t lower lobe pneminated lupus		bleeding from GI	tract. 4 days 5 years			
				N PART 1(e)   19. WAS AUTOPSY			
				YES NO			
PART II. OTHER SIGNIFICANT CONDITIONS CO.  20a. ACCIDENT WAS UNDERLYING   20b. DE.  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURED.	, (Enter natura of injury in	Part I or Part II of item 18.)				
20c. TIME OF INJURY Month, Day, Yaar 20d. Hour a.m. While p.m. 19	la Not Whila facto	CE OF INJURY (Homa, far ory, streat, offica bldg., et		(County) (Steta)			
21. I certify that M (this hospital) atter	nded the deceased from.	December 27	1961, to.December	301961:, that (1) (we) la			
saw the deceased alive on. December							
228. SIGNATURE	less M.	ATTENDING	MED. STAFF DIRECTOR PHYS.	December 30 SIGN			
22c. PHYSICIAN'S NAME (Type) Mark W. Bitens!	ky, M.D.		The Clinical Cent				
SURIAL CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. /LOCATION (City, town o				
MANYAL SPECIAL TAN 3 1962	2 ARLINGTON	2/ //	ARLINGTON	VA.			
A DONELAN PIRESTORYS PROPERTY OF A	, ADDRESS CLA	SA DO 25a. RE	EC'D BY REGISTRAR 256. REGIST	RAR'S SIGNATURE			
18 my spulling 25	4 Bastoll ST-1	W DATE	JAN 3 '62 ant	hung S. Krouge			

etely filled in by the funeral pers. Pages 1 and 2 should Page 4 may be retained by the hospital or attending physician.

NERAL DIRECTOR: After this certificate has been signed by the attending physician and state of director, page 3 should be detached for use as the burial-transit permit. Then please remove cauchon pupers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/60



the Funeral executed within 24 hours after and impletely filled in by papers. Pages 1 an director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be july. Page 4 may be retained by the hospital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and

> VR A15 (4) 15M 9/60

ALADVI AND	CTATE	DEPARTMENT	OF	MEALTH
MAKILAND	SIAIE	PEPAKIMENI	VI	REALIN

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1499

CERTIFICATE OF DEATH

14191

1. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Re	sidence before edmission)				
Montgomery Maryland	7	leghenv				
b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end					
Bethesda 3 Days	Pittsburgh 75x-3					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give streel eddress)	d. STREET ADDRESS	IS RESIDENCE				
The Clinical Center, Bethesda 14, Md.	5300 Orchard Hill Drive	YES NO M				
3. NAME OF First Middle DECEASED	Last 4. DATE Month	Dey Yeer				
	wartz December 13,	19 61				
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8.	. DATE OF BIRTH 9. AGE (In yeers   IF UNDER 1 Y last birthdey) Months   De					
Female White WIDOWED DIVORCED	May 11, 1943 18 yrs. Months De	eys Hours Min.				
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country)   12. CITIZ	EN OF WHAT COUNTRY?				
Student None	Pennsylvania	U.S.A.				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0.00.11.				
Paul Schwartz	Regina Conway					
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. 1	INFORMANT The Medical Records					
		Manuel and				
NO Unascertainable The late. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	e Clinical Center, Bethesda 14,	Maryland				
PART I. DEATH WAS CAUSED BY:	PART I. DEATH WAS CAUSED BY:					
7- /1	1 minute					
15 4 5 DUE TO	18					
Conditions, if eny, which (b) Mitral Valve Insu	18 years					
(e), steting the underlying DUE TO	20					
cause lest. (c) Congenital Heart	18 years					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(e) 19. WAS AUTOPSY PERFORMED?				
CAI		YES X NO				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200. ACCIDENT WAS UNDERLYING  200. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH III FIFTHER, NOTIFY MEDICAL EXAMINER)	. (Enter neture of injury in Pert I or Pert II of item 18.)					
	CE OF INJURY (Home, ferm, 20f. (City or town) (Count	y) (State)				
	ory, street, office bldg., etc.)	(5.5.5)				
21. I certify that ( (this hospital) attended the deceased from.	December 10, 1961 to December 1396	1, that (X) (we) last				
saw the deceased alive onDecember	death occured at.4:55 PMom the causes and on th	e date stated above.				
220. SIGNATURE		22b. DATE				
Ken TO I Welmen MD M	.D. ATTENDING MED. STAFF	ecember14,19				
22c. PHYSICIAN'S Kenneth L. Melman, M.D.	22d. ADDRESS The Clinical Center,	National				
NAME (Type) Kenneth L. Melman, CM.D.	Institutes Of Health, Bethesd					
238. BURIAL, CREMATION, 236. DATE THEREOF   23c. NAME OF CEMETERY (		the second secon				
Burial-Transit 12/16/61 Allegheny	County Pittsburgh Pe	enna.				
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SI					
Robert A. Pumphrey, Bethesda, Mary	pland DATE DEC 21 61 Command a.	/ Warners				

Will entire entire witemu og o the process sense, a commerce of the sense for the The desired and the second and the s of his of a column something as a set considering the of microstances, extremely the 0 141 0 0 1 1 1 5. Ernsy SE TOTAL TURNE STEP 15 731 SHOTHER THESE PROTESTS A LEGISLA TRANSPORTED BY THE PROPERTY OF THE P er filler for the filler of th Section the State of the State -northwest of interest to the unclair Tennella (2/11/5) and concert Commercial Control Control Modern A. Rumgarey, Serinesda, Maryland

g physician and co stelly filled in by the funeral ase remove carbon papers. Pages I and 2 should in any eyent, within 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after A COSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be expected and be retained by the hospital or attending physician.

OF CONERAL DIRECTOR: After this certificate has been signed by the attending physician and confined by the attending physician and confined by the attending physician and confined to, page 3 should be detached for use as the burial-transit permit. Then please remove carbon be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within

VR A15 (4) 15M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

14400

14777					Y. Y	100	<u> </u>
1. PLACE OF DEATH		2. USUAL RESIDEN	ICE (Where de		itution: Residen	ce befora a	dmission
Montgomery	MARYLAND	a. STATE Geo	rgia	b. COUNTY			/
b. CITY OR TOWN (if outside corporeta lim	its, c. LENGTH OF STAY IN 16	c. CITY OR TOWN		orete limits, writa RU	JRAL and give	neerest tow	vn)
write RURAL and give neerest town) Bethesda	30 Davs	Clax	ton		49 X	. 3	
d. NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS					ESIDENCE
Mb - Olimical Contan	Dath 3 - 31 - 3/3	P.O. Bo	v 1,26			YES	A FARM?
The Clinical Center,	Bethesda ll. Md.	Lest	4. DATE	Month	Dey	Yee	
DECEASED (Typa or print)			OF DEATH	December	6	19	67
Susan	None	Scott B. DATE OF BIRTH			UNDER 1 YEAR	IF UNDER	61 24 HRS.
	1. MAKKIED LI HEVEK MAKKIED LA			last birthday) M	onths Days	Hours	Min.
Female   White		December 21,		LL yrs.	LAG CITITEN C	F 11/11 A T	COLD ITEM
10a. USUAL OCCUPATION (Give kind of wordone during most of working life, even if retir	k   1Db. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (Cou	inty & State, or	foreign country)	12. CITIZEN O		LOUNIKY
Child	None	Geor	gia		U.S	.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME				
Lawton D. Scott		Lore	tta Bar	row			
15. WAS DECEASED EVER IN U.S. ARMED FO		INFORMANT The	Nedical	Records			
(Yas, no, or unkown) (Ifyasgivawarordatesof:		e Clinical C			The Man	vland	4
18. CAUSE OF DEATH [Enter only on		o _out.in.out o	CITOCI 9	Dedichaa	INI	ERVAL BET	TWEEN
PART I. DEATH WAS CAUSED BY	Acute myocardial i	infarction				NSET AND	
IMMEDIATE CAUSE (6)	)					MALIN	1065
DUE TO		-7417			1	d 2	
Conditions, if any, which gave rise to immediate ceuse	Septicemia, probab	ora scabuaro	CCI			8 hou	ırs
(e), stating the underlying DUE TO							
cause last. (c	Acute lymphoctic					5 mor	
Z PART II. OTHER SIGNIFICANT COND	TITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE	CONDITION GIVEN	IN PART 1(a)	19. WAS A	AUTOPSY DRMED?
TATI						YES XX	NO I
PART II. OTHER SIGNIFICANT COND  2DB. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER	206. DESCRIBE HOW INJURY OCCURED	D. (Enter nature of injury in	Part I or Pert II	of item 18.)			
OR CONTRIBUTING CAUSE OF DEATH							
2Dc. TIME OF INJURY Month, Day, You Hour a.m. 19		ACE OF INJURY (Home, fer		y or town)	(County)		(Steta)
Hour a.m.	While Not While fac	tory, street, office bldg., et	(c.)				
P.IIII		November 6	1067 40	Dogombon	6 10 67	h - 4 (1)	(ma) la
21. I certify that (I) (this hosp	ital) attended the deceased from.	. MO. VEIIIDELO.	19011, 10.	December	ا بدل. ۱۶ و.ل	nar (I)	(we) la
	ember 6, 1961, and that	t death occured atL	Throm Miron	the causes an	d on the d		b. DATE
228. SIGNATURE		ATTENDING	MED.	STAFF		-1-1	SIGNE
House 7.	TII, setrul	A.D. PHYS.	DIRECTOR		I.	2/6/	0T
22c. PHYSICIAN'S NAME (Type) Thorne S.	Winter, III, M.D.	22d. ADDRESS T					
				ealth, Be			
23a. BURIAL, CREMATION, 23b. DATE THE	EREOF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOC.	ATION (City, town	or county)	(5	Stata)
Burial 12/7/	61 Brewton Co	emetery		ns Co.			
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25e. RI		TRAR 256. REGIS			
Robert A. Pumphr	ev. Bethesda, Mai	ryland DATE	DEC 8 '6	51 Can	Chur & the	Bus	

FOUND SERVICE OF STREET

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Robert A. Fumphrey, Hetherda, Maryland ...... 1 ...

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iter, III, ...

Social 12/7/51 Breviou Caretery Evans Co. Capters

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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	27. Transfer and Turneys Life Second Real
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	CALL DE 1887 (1772) - 6 19,7 (1774) - 7 1,7 (1887) (1927) (1774) (1774) (1774) (1774) (1774) (1774) (1774) (1774)
	To produce the second second and selection of the second s

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bon sapers. Pages 1 and 2 should within 72 hours after death HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours, after The Page 4 may be retained by the hospital or attending physician.

F. Page 4 may be retained by the hospital or attending physician.

F.UNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14224 CERTIFICATE OF DEATH
14194

1		PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)
1	•	Montament MARYLAND	a. STATE b. COUNTY Mont
	1	b. CITY OR TOWN (if outside of porate timits, LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate lights, write RURAL and give neerest town)
,	-	Tettaded 2 1 dhos	56 Phones Chase.
4	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STRET ADDRESS
		Saburban.	5-4041-Wester Har, YES NO
8		NAME OF First Middle DECEASED	Last A. DATE Month Day Yeer
		(Type or print) RUTH E. BOND SH	FOEMAKER DEATH 12 11' 1961
21	5.	SEX   6. COLOR OR RACE   7, MARRIED   NEVER MARRIED     B	9. AGE (In years   F UNDER 1 YEAR   IF UNDER 24 HRS.
		F WIDOWED DIVORCED	4/12/88. Jasi Birthdey) Months Days Hours Min.
1		. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTRIBLE OF BUSINESS OR INDUSTRIBL	TY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	-	12mm teacher Sellemolver	Formson Wanite 11. J. H.
-	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	-	Jamuel Tamer	Hattie Haden
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 18. no. or unkown)   (If yes give we ror detes of service)   16. SOCIAL SECURITY NO. 17. 18.	INFORMANT / Address / 16907
	(	10 10 10 10 10 10 10 10 10 10 10 10 10 1	enzld. Thoemskelling and to
		1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	SAFES AND BESTOCKEN
		PART I. DEATH WAS CAUSED BY: Cerebral The	rombosus 3 mo.
ī		DB X DUE TO	
		Conditions, if eny, which \ (b) Orteresclir	osis
11		geve rise to immediate cause (e), steting the underlying  DUE TO	
3		cause lest. (c)	
	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED?
	¥	Diabetes melletus durk	enal ulcer YES NO IN
All	CERTIFICATION	208. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH	D. (Enter neture of injury in Part I or Pert II of item 1B.)
	CER	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL	factor of the second of the se	ACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
	MED	Hour e.m. While Not While p.m. 19 et work et work	
7		21. I certify that (I) (this hospital) attended the deceased from.	9/29 , 1%/, to 12/1/ , 196/, thet (I) (we) lest
			deeth occured at
		220. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
		9, L. Marks	A.D. PHYS. DIRECTOR PHYS.   12-11-61
1		22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
		NAME IND. MARKS M.D.	6306 Wisconen are Ch Ch Mo
		BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
		urial 12/14/61 Elderbrook	
		FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	R	obert A. Pumphrey, Bethesda, Mary	yland DATE

VR A1S (4) 1SM 7/61 service 12 le/61 Siderorcol course Oss. Cashington, C. C. sobert A. Fumphrey, Setheads, Maryland sa

pletely filled in by the funeration respects, Pages 1 and 2 should within 72 hours after death. executed within 24 hours after and The law requires that the death certificate be HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be any be retained by the hospital or attending physician.
FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please remove carbe filed with the State Dept. of Health prior to burial, cremation, or removal, and in any events.

> VR A15 (4) 15M 7/61

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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

7		74995									95-
Ţī.	PLACE OF DEATH	4 2 10 10 0	A 10-11		2. USUAL	RESIDE	NCE (Where de	ceesed lived, Il i	nstitution, Reside	nce belore	edmission)
	2.4	ntgomery		MARYLAND	a. STATE	Mar	ryland	b. COUN	Montgo	omery	,
	b. CITY OR TOWN (if outside corporate limits.   c. LENGTH OF STAY IN 1b						V (II outside corpo	orate limits, write	RURAL end give	neerest tov	wn)
		give nearest town)			06 R	ocks	ville				
-	Bethes		f not in hor	pitel, give street eddress)	0 6	TADDRES				l e. IS R	ESIDENCE
				prior, give sireer occiess;		200	Stoney	Creek	Road	ON	A FARM?
-		Sanitar:	Lum							1	NO 🔀
3.	NAME OF DECEASED	First		Middle	Last		4. DATE OF	Month	De	Yee	it
	(Type or print)	Kathar	ine	Danforth	Shr	ive	DEATH	Dece	mber	26 19	61
5	. SEX	6. COLOR OR RACE	7. MARRIE		. DATE OF BIE	RTH	9.	AGE (In yeers last birthday)	IF UNDER 1 YEAR		
	Pamala		WIDOWE		6/2/1	879		82 yrs.	Months Days	Hours	Min.
Н		ON (Give kind of work	10b. K	IND OF BUSINESS OR INDUST	RY 11. BIRTHP	LACE (Co	ounty & State, or	loreign country)	12. CITIZEN	OF WHAT	COUNTRY
0	0 0	rking life, even il retire	d)			Ohio			USA		
1:	Housewit	. e			14. MOTHER	0			0011		
"							.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
-			nfort		Unkn						-
		ER IN U.S. ARMED FOR yes give werer detes of se			INFORMANT			Address			0.1
	No			None	Louise	S.	Dougla	iss-Dau	ghter-	same	2d
			cause per l	ine tor (a), (b), and (c).]	0 0					NTERVAL BE	
		H WAS CAUSED BY:	R	: busta	Jalu	~					
1	571	DUE TO	é		1					406	6-
	Conditions, if any		J.	32monohoh	nem					13	-
	gave rise to immedi	ete cause					_				/
	(e), steting the un	nderlying DUE TO	6	·Ol Coral	1	35	D. a	coul	オ	27	
_	cause last.	(c)_ SIGNIFICANT CONDIT	IONE CON	ITBIBLITING TO DEATH BUT NO	OF BELATED TO	THE TER	MINAL DISEASE	ONDITION GIV	EN IN PART 1(a)	19. WAS /	AUTOPSY
CERTIFICATION	PARI II. OTHER	SIGNIFICANT CONDIT	IONS CON	A PER STORESTORES	1 1	7	MINAL DISLASE	CHOMON GIV	EIN IN FART NOT	PERFC	ORMED?
Ş		unu	was	but And	1					YES _	но 🔀
I E	OR CONTRIBUTING	AS UNDERLYING [	20b. DES	CRIBE HOW INJURY OCCURE	). (Enter nature	ol injury	in Part I or Part II	of item 18.)			
ď	(IF EITHER, NOTIFY	MEDICAL EXAMINER)									
3	20c. TIME OF INJU	RY Month, Dey, Yee		,	ACE OF INJURY			or town)	(County)		(State)
WFDE	Hour e.m.	19	While et wor		tory, street, offi	ce blag.,	erc.)				
~		- 17	-1) -44	ded the deceased from.	nov		10/0/ 10	200x 2	E 1966	that (1)	(we) las
	2). I certify i	nar (I) (this nospii	al) arren	19.6, and tha							
L		ed alive on29		19.1., and tha	t death occi	ured ay	J IVI, Irom	the causes	and on the		b. DATE
	220. SIGNATURE	10 01 1	1/1	7 .	ATTEND	ING_	MID.	STAFF		221	SIGNED
	1 and	whole	w	<b>&gt;</b>	A.D. PHYS.	الم	DIRECTOR	PHYS.			_
	22c. PHYSICIAN'S NAME (Type)	111 11 2.	11,0		22d. Al	DDKESS		in Ale	E BET	1 ecn	1160
		M. 14 Y 1	1/4	*	1821	18 mi	scows.				
2	3a. BURIAL, CREMATI	ON. 236. DATE THE	EOF	23c. NAME OF CEMETERY	OR CREMATO	RY	23d. LOC/	ATION (City, tov	vn or county)	(5	Stete) "
C	remation	12-28-	61	Cedar Hill	Cremat	ory	Prin	ice Geo	rge Co	. , Mc	1.
2	4 FUNERAL DIRECTOR	'S SIGNATURE	1	ADDRESS		25a, I	REC'D BY REGIST	RAR 255. REC	GISTRAR'S SIGN	ATURE	
	Policel	OPI man	1 1 2	-Betherda	Marco	DATE	1881 D 20	2	x1 = 9 &	-110	
1_	To convic	i, unique	1	102000000	1		JAN 2 TO		AND A. IN	and	

2667 5 5202 Sittered Production Cantoning Conversion Conversions aritin (U-analapa) il sili all anoli and express on mile to the mean of the ginner do-stand from the standard Elected Renpless-Berkerle had a

pletely filled in by the funeral apers. Pages 1 and 2 should 72 hours after death. executed within 24 hours after N. Page 4 may be retained by the hospital or attending physician.

UNERAL DIRECTOR: After this certificate has been signed by the ettending physician and c director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within IO. YOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14226 CERTIFICATE OF DEATH 14196

1. PLACE OF DEATH	1		2. USUAL RESIDEN	CE (Where deceased )	ived, If Institution: F	Residence before edmission)
Montgomer	*17	MARYLAND	a, STATE	t t	. COUNTY	
b. CITY OR TOWN (	if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	If outside corporate lim	its, write RURAL and	give neerest town)
	d give nearest town)	1 3			82	1.2
Bethesda d. NAME OF HOSPI	TAL OR INSTITUTION (if not in he	l day	Manassas d. STREET ADDRESS		0 3 2	a. IS RESIDENCE
		oprior, give ander aggress,	d. Jinkel 712 Micoo			ON A FARM?
	l Hospital		109 Perce			YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day Year
(Type or print)	Rochelle	Marie	Simond	DEATH De	cember	26 1961
5. SEX	6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED 8	DATE OF BIRTH	9. AGE (I	n years IF UNDER 1	
Female	Cauc WIDOW	ED DIVORCED	June 23, 19		yrs. Months 1	Bays Hours Min.
		CIND OF BUSINESS OR INDUSTR			country)   12. CITI	ZEN OF WHAT COUNTRY
done during most of wo	orking life, even if retired)		Virginia			USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN			USA
	12 01 1					
	ile Simond ER IN U.S. ARMED FORCES?   16			Hernandez		
	fyes give wer or dates of servica)	SOCIAL SECURITY NO. 17. 1	NFORMANT		Address	
			ther Roger	Comile Simo	nd Same	as 2
18. CAUSE OF I	EATH [Entar only one cause per	line for (e), (b), end (c).]				ONSET AND DEATH
	H WAS CAUSED BY: IMMEDIATE CAUSE (e)	automin au	in lymphoth	الما		CHSET AND DEATH
200	1	- construct	a ayuquo	Lawe		-
	SDUE TO		00			
Conditions, if eny						
(a), stating the u	DUE TO					
cause last.	) (c)					
Z PART II. OTHE	R SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITI	ON GIVEN IN PART	
ATI						YES X NO
PART II, OTHER  200. ACCIDENT W OR CONTRIBUTING  OF LITHER, NOTIFY	AS UNDERLYING     20b. DE	SCRIBE HOW INJURY OCCURED	(Enter neture of injury in	Pert I or Part II of item	18.)	110 110
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER		. (		,	
Y 20c. TIME OF INJU	JRY Month, Day, Yeer 20d. Whil		CE OF INJURY (Home, farr ory, street, office bldg., etc		i) (Cour	nty) (State)
Hour a.m.		rk at work				
	hat XI) (this hospital) atter	ided the deceased from	Dec 26	1961 to Dec	26 196	1 that M) (we) las
	sed alive onDec. 26					
	sed alive onDec20		death occured at	J. J. J. Inopi ine c	auses and on i	22b. DATE
22a. SIGNATURE	2000			MED STAF		SIGNED
	DIV	M		DIRECTOR PHYS	· L*	12-27-61
22c. PHYSICIAN'S NAME (Type)	4.0.3cm	DD MAS TENDE	22d. ADDRESS	. 3 - Wannish - 3	20.43 5	
(17)	L.F. SCOTT, III	DR MC USN	U.S. Nav	ar Hespital	, Betheso	la, Maryland
23a. BURIAL, CREMATI	ION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	City, town or county	(State)
Burial (Specify)	30 Dec 1961	Arlington N	ational	Arlingt	on, Virgi	nia
24 FUNERAL DIRECTO	I'S SIGNATURE OF	ADDRESS		C'D BY REGISTRAR 2		
KICKE &	don Jerual /V	me Wonggood Wit	nainie our	DED 0 0 101	em =4	2 40
Baker and	Son Funeral Ho	me, manassas, VI	TRITTE   DAIE	DEC 2 9 61	Cathun &	Rocus
TVVVVV	VXVV					

VR A1S (4) 15M 7/61

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30 Dec 1901 | Argington Mattonsi Arlingth, Virelaid

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MARILAND SIAIE DEPARIMENT OF HEALTH	MARYLAND	STATE DEPARTMENT	OF	HEALTH	
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1 PLECT OF PRINT							
PLACE OF DEATH     COUNTY	11 2	. USUAL RESIDEN	CE (Where			esidence belor	admission)
Montgomery MARYLA	BND	West Virgi	nia	b, cou	NIY		
b. CITY OR TOWN (if outside corporata limits, write RURAL and give nearest town)		c. CITY OR TOWN (		rporate limits, writ	a RURAL end	give naerest t	own)
Bethesda 8 days		Domnor			85	x · 3	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address	s)	d. STREET ADDRESS			0 %	2	RESIDENCE
	,					0	N A FARM?
The Clinical Center, Bethesda 14, Md.		None				YES [	NO X
5. NAME OF First Middle DECEASED		Last	4. DATE	Mont	h	Dey Y	91
(Type or print) Jennifer Ann		Solan	DEAT	Decem	ber 28		9 61
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	X   B. [	DATE OF BIRTH		9. AGE (In years last birthday)			
Female White WIDOWED DIVORCED		October 19	61	yrs.	Months	27 Hours	Min.
10a. USUAL OCCUPATION (Giva kind of work   10b. KIND OF BUSINESS OR IN		11. BIRTHPLACE (Cour		or foreign country	12. CITI	ZEN OF WHA	COUNTRY?
done during most of working life, avan if ratired)  Infant  None		Windanio			TT	S.A.	
13. FATHER'S NAME	1 1	Virginia MOTHER'S MAIDEN			1 0.	.D.A.	
10. PATIER S (ICINE		4. MOTHER 3 MAIDEN	NAME				
George M. Solan		Marjorie	Sonner	nann			
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. (Yes, no, or unknown)   (Ifyas give war or detes of sarvice)	. 17. INI	FORMANT The M	ledica	L Records	S		- 44
No None		Clinical Ce				Manuelan	2
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	11116	orringar oe	all oet,	De onesua	2 149 1	INTERVAL	
PART I DEATH WAS CAUSED BY.						ONSET AN	DEATH
IMMEDIATE CAUSE (6) Congestive Hear	rt Fa	ilure				2 mo:	nuns
DUE TO						1	
Conditions, if any, which (b) Congenital Hear	rt Di	sease (Tric	hienid	atrocia		2 mo.	27 day
geve rise to immediate cause	U DI	Dempe (III	MONTH	aut cora,			
(e), stating the underlying DUE TO							
cause lest. (c)							
cause lest. (c)	BUT NOT I	RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	VEN IN PART		
cause lest. (c)	BUT NOT F	RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	VEN IN PART	PER	FORMED?
cause lest. (c)					VEN IN PART		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH II.  200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OF OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURED. (E	inter nature of injury in	Pert I or Part		VEN IN PART	YES X	FORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH II.  20e. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OF CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20d. Hour e.m.	CCURED. (E	inter nature of injury in	Pert I or Part	II of item 1B.)		YES X	NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH II.  20e. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OF CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20d. INJURY OCCURRED	CCURED. (E	OF INJURY (Home, farn, street, office bldg., etc.	Pert I or Part	II of item 18.)	(Coun	YES X	NO (State)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH II.  20e. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OF OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20d.   While   Not While   at work   at work   21.   Certify that   (this hospital) attended the deceased	CCURED. (E	of INJURY (Homa, farm, streat, office bldg., atc	m, 20f. (C	II of item 18.)  ity or town)  December	(Coun	YES X	(State)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year While Not While Bet work 19 at work 19	CCURED. (E	of INJURY (Homa, farm, streat, office bldg., atc	m, 20f. (C	II of item 18.)  ity or town)  December	(Coun	YES 1	(State)  (We) last led above.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH II.  20e. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OF OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20d.   20d.	CCURED. (E	of INJURY (Homa, farm, streat, office bldg., atc	m, 20f. (C	II of item 18.)  ity or town)  December	(Coun	YES 1	(State)  (State)  (We) last led above. 2b. DATE
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY CONTRIBUTING TO DEATH BY CONTRIBUTING TO DEATH BY CONTRIBUTING TO DEATH CONTRIBUTING TO DEATH CONTRIBUTING TO DEATH CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year While Not While at work 19 mm.  21. I certify that (I) (this hospital) attended the deceased saw the deceased alive on December 28 19 01 and 22e. SIGNATURE	CCURED. (E	of INJURY (Home, farm, street, office bldg., etcember 20, eath occured at 21, 21, 21, 21, 21, 21, 21, 21, 21, 21,	m, 20f. (C 19.6.) to 0.AM, fro	II of item 18.)  ity or town)  December	(Coun 28 19.6 and on th	YES YES 1	(State)  (State)  (We) last led above. 2b. DATE SIGNED
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH II.  20e. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OF OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20d.   20d.	ccured. (E	of INJURY (Homa, farm, streat, office bldg., atc	Pert I or Pert  m, 20f. (C  19.61 to  O.AM, fro  MED.  DIRECTOR	Il of item 1B.)  December  m the causes  STAFF PHYS.	C28 19.6 and on the Decer	YES 2	(State)  (State)  (State)  (We) last ted above, 2b, DATE SIGNED, 1961
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY CONTRIBUTING TO CAUSE OF DEATH BY CONTRIBUTING TO DEATH BY CONTRIBUTION TO DEATH BY CONTRIBUTING TO DEATH BY CONTRIBUTING TO DEATH BY CONTRIBUTING TO DEATH BY CONTRIBUTION TO DEATH BY CONTRIBUTION	ccured. (E	of INJURY (Home, farm, street, office bldg., etc.  ecember 20, eath occure 21, 21  ATTENDING PHYS. 122d. ADDRESS Th	Pert I or Pert  m, 20f. (C  19.61 to  O.AM, fro  MED.  DIRECTOR  The Clir	Il of item 18.)  December  m the causes  STAFF PHYS.	c28 19.6 and on the Decemperator, 1	YES Annual	(State)  (State)  (State)  (We) last led above. 2b. DATE SIGNED 1961
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH II.  20e. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OF OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20d. INJURY OCCURE	from Did that d	of INJURY (Homa, farm, streat, office bldg., atceember 20, eath occure 22.2	Pert I or Pert  m, 20f. (C.)  19.61 to  O.AM, fro  MED.  DIRECTOR  ne Clir  es of I	Il of item 18.)  December  The causes  STAFF PHYS. X  nical Certealth, I	C28 19.6 and on the Decernter, Nathers	YES Anniy)  21. that (B) the date sta 2 nber 28 Nationa da 14,	(State)  (State)  (we) last ded above. 2b. DATE SIGNED 1961
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY CONTRIBUTING TO DEATH BY CONT	from D. d that d	of INJURY (Homa, farm, streat, office bldg., atceember 20, eath occure 22d. ATTENDING PHYS. 22d. ADDRESS The Institute	Pert I or Pert  m, 20f. (C.)  19.61 to  O.AM, fro  MED.  DIRECTOR  ne Clir  es of I	Il of item 18.)  December  m the causes  STAFF PHYS.	C28 19.6 and on the Decernter, Nathers	YES Anniy)  21. that (B) the date sta 2 nber 28 Nationa da 14,	(State)  (State)  (State)  (We) last led above. 2b. DATE SIGNED 1961
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH II.  20e. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OF OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20d.   20d.	from D. d that d	of INJURY (Homa, farm, streat, office bldg., atceember 20, eath occure 22d. ATTENDING PHYS. 22d. ADDRESS The Institute	Pert I or Pert  m, 20f. (C  19.61 to  O.AM, fro  MED.  DIRECTOR  DE Clir  S Of I  23d. LO	Il of item 18.)  December  m the causes  STAFF PHYS.  Mical Cen Health, I	C. 28 19.6 and on the December, Netherson or country	YES And YES AN	(State)  (State)  (we) last ded above. 2b. DATE SIGNED 1961
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE CONTRIBUTED	from Did that d	of INJURY (Home, farm, street, office bldg., etc.  ecember20, eath occure21.21  ATTENDING PHYS	Pert I or Pert  m, 20f. (C  19.61 to  O.AM, fro  MED.  DIRECTOR  18 Of I  23d. LO  MOO	Il of item 18.)  December  The causes  STAFF PHYS. X  nical Certealth, I	C28 19.6 and on the December, Petheson or county	YES And YES AN	(State)  (State)  (we) last ded above. 2b. DATE SIGNED 1961
20e. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OF CONTRIBUTING   20c. ACCIDENT WAS UNDERLYING   20c. TIME OF INJURY MEDICAL EXAMINER)  20c. TIME OF INJURY Medical Examiner)  20c. TIME OF INJURY Menth, Day, Year   20d. INJURY OCCURRED   20d. IN	from Did that d	of INJURY (Home, farm, street, office bldg., etc.  ecember20, eath occure21.21  ATTENDING PHYS	Pert I or Pert  m, 20f. (C  19.61 to  O.AM, fro  MED.  DIRECTOR  The Clir  23d. LO  MOO  C'D BY REGIO	Il of item 18.)  December  m the causes  STAFF PHYS.   Dical Center 18.1  CATION (City, to	C28 19.6 and on the December, Petheson or county	YES A PER YES A	(State)  (State)  (we) last ded above. 2b. DATE SIGNED 1961

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ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH should 1. PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission) e. COUNTY b. COUNTY MARYLAND CITY OR TOWN (if outside corporete lis c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) P write RURAL and give peerest town thesda filled d. NAME OF HOSPITAL OR INSTITUTION IS RESIDENCE ON A FARM? YES NOV NAME OF Middle DECEASED OF (Type or print) DEATH raare 196 5. SEX COLOR OR RACE AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED last birthdey) Months Devs Hours WIDOWED'N DIVORCED USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 10 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 0 (Yes, no, or unkown) | (Ifyesgive war or detes of service 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), ] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, geve rise to immediate cause DUE TO (a), steting the underlying ceuse fest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO [ 2De. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 2Df. (City or town) (Stete) fectory, street, office bldg., etc.) Not While While et work et work 21. I certify that (I) (this hospital), attended the deceased from... ...... and that death occured at 2.P.M, from the causes and on the date stated above. SIGNATURE DATE ATTENDING PHYS. DIRECTOR PHYS. UNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Cedar Hill Crematory H 250, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 DADEC 2 2 '61 Chilling S. Frank

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	DIVISION	M of statistical r 14220	ARYLAND STATE DEP ESEARCH AND RECORDS, CERTIFICATE	301 W. PRESTON		ALTIMORE		AND 119	9
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74		spital or institution (if lburban	not in hospital, give street address)	d. STREET ADDRESS	42nd.	St., N	.w.	ON	A FARM?
	3. NAME OF DECEASED (Type or print)	First	Middle B	Spence	4. DATE OF DEATH	Month De ce	mber 22,		61
	5. SEX Female	White	7. MARRIED NEVER MARRIED X	2/27/76		AGE (In years last birthday)	Months Days	Hours	R 24 HRS.
1	10a. USUAL OCCUP.	ATION (Giva kind of work working lifa, even if ratirad	106. KIND OF BUSINESS OR INDUSTI	Mary]	Land	eign country)	US	OF WHAT	COUNTRY?
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	(Yes, no, or unkown)	(If yes give war or dates of sa	vica)	eice, Theresa	. Spence		as above	TERVAL BE	The Control
0	Conditions, if a gava rise to imm (a), stating the cause last.	adiate cause undarlying DUE TO	My ocardial of Cirtoriot Closest ONS CONTRIBUTING TO DEATH BUT NO	logeneration is ot related to the termination			EN IN PART 1(a)	One	AUTOPSY ORMED?
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			al) attended the deceased from. Combe 211961, and tha		1948, to		2, 1961, and on the c	late state	ed above
	22a. SIGNATU	tural	blaff.		MED. DIRECTOR	STAFF PHYS.		12.	b. DATE SIGNED
	22c. PHYSICIAN NAME (Ty	'P°)Stewart Cla		4740 d	very Che	co-1	.Ch.Cl	1.15	Ind
	Sur of	112/26/6	1 Noute Cres	Kem.	1 1	TON (City, toy	yn or county)	ATURE	State)
	24 FUNERAL DIRECT	rose tuned	Home 5103 Wise	gre 7 2 DAREC	C'D BY REGISTR		wo S. Kran		

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the Chief Medical Ex
R: Page 3 should be u EPUTY MEDICAL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY prior ase execute the certificate, should be forwarded to the FUNERAL DIRECTOR: forwarded to the L DIRECTOR: agent, death resulted from: designated ACTUAL SIGNATURE EXAMINER'S NAME (Type) REMOVAL (Specify) 40 Burial 23. FUNERAL DIRECTOR VS. A15ME 5M 9/60

ND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before admission) a. STATE b. COUNTY Montgomery MARYLAND Maryland Montgomery b. CITY OR TOWN (if oulside corporale limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) D.O.A Chevy Chase d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Boulevard 5035 Bradley Suburban YES NO X First Middla Last 4. DATE Month OF DEATH Russell E. Stanford Ti Dec. 2 FUNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH July 9. IF UNDER ZAHRS. last birthdey) Months Deys Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, avan if retired) USA Wash. D.C. RussellE Stanford Donna Covey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yas give war or datas of servica) Stanford-father-same 2d Russell E. None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH sudden PART I. DEATH WAS CAUSED BY: Cerebral contusions and lacerations IMMEDIATE CAUSE (e) DUE TO Fracture skull 11 (b) DUE TO Automobile accident PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? NO 1 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Pert I or Pert II of item IB.) 20a. EXTERNAL CAUSE WAS PRIMARY Y or CONTRIBUTING wool Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, offica bldg., atc.) While Not Whila at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Natural causes Accident X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER BHOSCHRAM Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) Lincoln Cemetery Prince George Co. 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE Robert A. Pumphrey, Bethesda, Maryland DATEJAN 2 athur S. Thous

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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# Page Health, is necessary, files. director. retained for your ō 0 Board any delay the funeral State death. 2 with in pencil in Item 18. Give Pages 1, 2, and Office along with form PM3. Page 5 may purial-transit permit. File pages 4 and 2 willows, and in any event within 72 hours. Office along with This certificate should be executed burial-transit removal "pending" Medical Examiner's chould be used as a or cremation sase execute the certificate, writing the word urial, DEPUTY MEDICAL EXAMINER. forwarded to the Chief L DIRECTOR: Page 3 aled agent, prior to buri should be forwer its designated 40 6

### STATE DEPARTMENT OF HEALTH

PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND

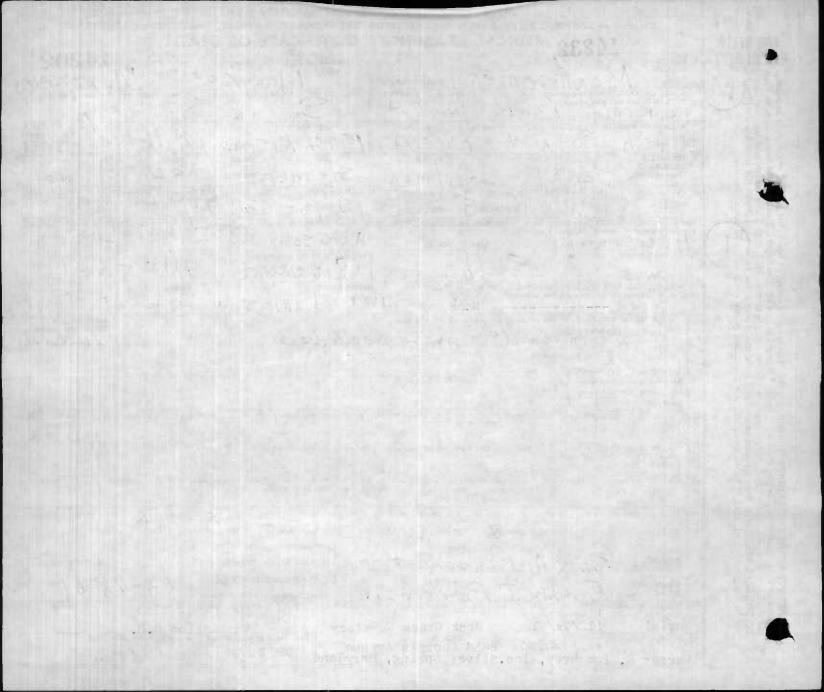
CERTIFICATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; a. COUNTY b. COUNTY MARYLAND LANGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neeres town) IS RESIDENCE OR INSTITUTION (if not in hospital. give streat address) ON A FARM? YES NO NAME OF First Yaar DECEASED OF (Type or print) DEATH 6 19 6. COLOR OR RACE AGE (In years 5. SEX DATE OF IF UNDER 1 YEAR IF UNDER 24 HRS. B . 7. MARRIED / LNEVER MARRIED last bighday) Months Days WIDOWED [ DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF country WHAT COUNTRY? dode during most of working life, evan if retired) OUSe WI Own Home 13. FATHER'S NAME JAMES 16. SOCIAL SECURITY NO. 1 17. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFOR (Yes, no, or upkown) | (If yes giva war or datas of servica) None ONSET AND DEATH CAUSE OF DEATH [Entar only one causa per lina for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (6) gave rise to immadiata causa **DUE TO** (e), steting the undarlying causa last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of itam 18.) 2Da. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. CAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 2Da. PLACE OF INJURY (Homa, farm, 1 20f. (City or town) (County) (Stata) fectory, straet, office bldg., etc.) Whila Not While MEDI Hour a.m. at work at work p.m. 19 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry and in my opinion Natural causes Homicide Undetermined manner Accident Suicide death resulted from: CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE \_ DEPUTY MEDICAL EXAMINER EXAMINER'S 2/2/t NAME (Type) Addrass (Straat, city, town, or county) 22d. LOCATION (City, town, or country) 22e. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY (Slata) 225. DATE THEREO! REMOVAL (Spacify) Burial 12/21/61 Rock Creek Cemetery Washington D.C. 23. FUNERAL DIRECTOR

8434 Georgia Avenue

Pumphrev

Inc. Silver Spring, Maryland DATE 2 2 '61

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution desident partial mission) PLACE OF DEATH a. COUNTY I director. Page or your files. e. STATE b. COUNTY CARBOLL MARYLAND C. CITY OR TOWN (It outside corporale limits, write RURAL and give nearest town) b. CITY OR FOWN IT CONTERY c. LENGTH OF STAY IN 1b write RURAL and give neerest town) For your Board of DOA MANCHESTER BETHESDA IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS ON A FARM? RT#1 STIBURBAN YES NO T 3. NAME OF First 4. DATE Month Middle OF DECEASED Lionel DEATH (Type or print) 19 61 DEC. 13 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR eath 3 2 with last birthday) Months | Deys WIDOWED DIVORCED YES. MALE 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) U.S.A Ridgely Const. Co. VIRGINIA Forman 8. Give Pages pages 1 within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry B. Stickles Sarah Furr 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes. no. or unkown) | (If yes give wer or detes of service) Lionel E. Stickles Jr. Manchester Md unknown unknown 202-18-6909 18. CAUSE OF DEATH lEnter only one cause per line for (e), (b), and (c). burial-transit p ONSET AND DEATH Examiner's Office along PART I. DEATH WAS CAUSED BY: Dudden MMEDIATE CAUSE (e) in pencil DUE TO removal, certificate should Conditions, if eny, which geve rise to immediate cause "pending" (0) DUE TO (a), steting the underlying as pesn cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 19. WAS AUTOPSY PERFORMED? pe the word NO F plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) PRIMARY or CONTRIBUTING MEDICAL EXAMINER: Chief Me age 3 sho to burial, | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) 20f. (City or town) (County) (Stete) the Chie Month, Day, Year fectory, street, office bldg., etc.) 0 While Not While el work det work ma 12-13 1961 forwarded to the DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autops Inspection C Inquiry Accident X Homicide Undetermined manner death resulted from: Suicide Natural causes CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER should be for FUNERAL SIGNATURE EXAMINER'S plnods NAME (Type) Address (Street, city, town, or county) Brochart of CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Slete) 22e. BURIAL, CREMATION, REMOVAL (Specify) 0 0 Prospect Hil Towson Maryland Buria] H 24e. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME Brooks Funeral Service Towson Maryland DEC 1 5 '61 Orlling & Hraus DATE 5M 9/60

Literacy Control of the Son of the Control of the C makacan unicusa 202-18-6909 Libnel S. Stickled Jr. Manadan lugican abswrit Tremove Mili Josephort 15-A1-71 farm  MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1

14234
CERTIFICATE OF DEATH
COUNTY

COUNTY

2. USUAL RESIDENCE (Where daceased lived, If institution a. STATE

b. COUNTY

c. CITY OR TOWN (if outside corporate limits, write RURA)

c. CITY OR TOWN (if outside corporate limits, write RURA)

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	1. PLACE OF DEATH  a. COUNTY	2. USUAL RESIDENCE (Where daceasad lived, If institution, Residence before attmission)
	111	a. STATE b. COUNTY
/ -	MARYLAND MARYLAND	///a. ///////. (b)
	b. CITY OR TOWN (if outside corporete limits, c. LENETH OF STAY IN 1b write RURAL and give negrest town	c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)
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711-	seques as apangs	of Silver offing
17	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street add ss)	d. STREET ADDRESS
	Subush Za	10811- Reller 57 H YES   NOW]
100	occau var	
	3. NAME OF First Middle	Last / 4. DATE Month Day Year
	(Type or print)	Wadley DEATH Jag. 2/ 1961
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	Cemala White WIDOWED DIVORCED	Will Mag last birthdey) Months Pays Hours Min.
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114	Morrie Maria	W6211011 6111100 00011
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
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	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yes, no, or unknown)   (Ifyas give wer or de tas of service)	INFORMANT Address Lance
	V12 011	2 1/2 / Hear / 164:
=	The arrange of the same of the	agriculty House.
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I, DEATH WAS CAUSED BY:	I Rockling!
	IMMEDIATE CAUSE (0) Coremona o	The course
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2 3	O	PERFORMED?
1	<b>5</b>	YES X NO 1
	200. ACCIDENT WAS UNDERLYING THE 206. DESCRIBE HOW INJURY OCCURED	). (Enter neture of injury in Pert I or Pert II of item 18.)
1 6	OR CONTRIBUTING CAUSE OF DEATH	, teller house of mary in tell for tell a of hom long
1	G (IF EITHER, NOTIFY MEDICAL EXAMINER)	
13	20c. TIME OF INJURY Month, Dey, Year   20d. INJURY OCCURRED   20e. PLA	ACE OF INJURY (Homa, farm, '2Df, (City or town) (County) (Stete)
		tory, street, office bldg., etc.)
15	Hour a.m. While Not While Port of work et work	
	21. I certify that (I) (this hospital) attended the deceased from	10.0 . 10/00. 1000 2/10//11/10/21
	21. I cortify that (1) (this hospital) attended the deceased from	12ce 1, 1960 to Llec 21, 1961, that (1) (we) last
		At the second se
		At the second se
	saw the deceased alive on Dec 21 19.61, and that	death occured as
		death occured aufp.M, from the causes and on the date stated above.  ATTENDING MED. STAFF 22b. DATE  ATTENDING MED. STAFF 32 (ASSIGNED
	saw the deceased alive on Dec 21 19.61, and that 22e. SIGNATURE	death occured aufp.M, from the causes and on the date stated above.
	saw the deceased alive on Dec 21 19.61, and that 22e. SIGNATURE	death occured at
	saw the deceased alive on Dec. 21. 19.61, and that  22e. SIGNATURE  22e. Market	death occured at
1	saw the deceased alive on Dec. 21	ATTENDING MED. DIRECTOR DIRECT
1	saw the deceased alive on 21 19.01, and that  22e. SIGNATURE  22c. PHYSICIAN'S  THE AT M. D.,  23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF	ATTENDING MED. DIRECTOR DIRECT
1	saw the deceased alive on	death occured at
1	saw the deceased alive on 21 19.01, and that  22e. SIGNATURE  22c. PHYSICIAN'S  THE AT M. D.,  23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF	death occured at
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1	saw the deceased alive on 21	death occured at

etely filled in by the funeral overs. Pages 1 and 2 should The law requires that the death certificate be executed within 24 hours after and ce OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

UNERAL DIRECTOR: After this certificate has been signed by the attending physician for, page 3 should be detached for use as the burial-transit permit. Then please remove Then please remove to burial, cremation, or removal, director, page 3 should be detached for use be filed with the State Dept. of Health prior HOSPITAL TO TC VR A15 (4)

15M 9/60

a College man of Rectum TOTAL OF WEAR IN P. WHERTON, MARYLAND Burdel-times 12/22/1901 Sugar Grove Comutary Sugar Grove, West Phytheir Lowert at, Dumphrey Betheads, Maryland

**DIVISION OF STATISTICAL RESEARCH AND RECOR** STREET, BALTIMORE 1. M. CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) e. COUNTY b. COUNTY b. CITY OR TOWN (if outside corpora c. CITY OR TOWN (If outside comporate limits, write RURAL end give neerest town) a. IS RESIDENCE ON A FARM? YES NO NAME OF DATE DECEASED OF (Type or print) DEATH 6. COLOR OR RACE 5. SEX IF UNDER 24 HRS. AGE (In yeers LIF UNDER 1 YEAR 7. MARRIED NEVER MARRIED lest birthdey) Months WIDOWED [ DIVORCED 10e. USUAL OCCUPATION (Give kind of work physician 12. CITIZEN OF WHAT COUNTRY? (County & State, or foreign country) done during most of working life, even if retired) 13. FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (Ifyes give war or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO CEPHACUS Conditions, if eny, which gave rise to immadiate cause DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH PERFORMED? NO T 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, Month, Dey, Year 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While et work et work p.m. .19. C., and that death occured at 6.7. M, from the causes and on the date stated above. saw the deceased alive on..... ATTENDING 22a. SIGNATUR DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, | 23b. 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) m. Silver Spring Mary
250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
CALLING L. Hanne Burlal Gate of Heaven Cem. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 9/60 Pumphrey, Bethesda, Maryland DATE

THE PARTY SECURITY OF SECURITY Service of the servic CONTRACTOR OF THE PROPERTY OF Burrel 12/12/61 Gard of Heaven den. Silver sonion. devilend Mobert M. Furnirey, Bethesda, Maryland

elely filled in by the funeral iers. Pages 1 and 2 should executed within 24 hours after hours after death, ent, within carbon A HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be page 4 may be retained by the hospital or attending physician.

C. UNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please remove carbo be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any eyent, with

VR A15 (4) 15M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

14206

14236

4 2 A U U				X-1-1-1
1. PLACE OF DEATH  o. COUNTY		2. USUAL RESIDENCE (Where daceas a. STATE		
Montgomery	MARYLAND	West Virginia	B. COONT	/
b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate	limits, write RURAL and g	iva nearast town)
Bethesda	21 days	Charleston	85	x 3
d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	ital, give street address)	Charleston d. STREET ADDRESS		. IS RESIDENCE
Mb- Olivian Contan Data		arro Desider Desider		YES NO IX
The Clinical Center, Beth	lesoa III. Mo.	1552 Bridge Road	Month	Dey Yeer
DECEASED (Type or print)	/2- 1	OF DEATH		- 49-
5. SEX   6. COLOR OR RACE   7. MARRIED	(None)	Talbot 9. AC	December 2	AR IF UNDER 24 HRS.
Formal WIDOWE		las	t birthdey) Months De	
Lewest MITTE	ND OF BUSINESS OR INDUSTRY	oril 25, 1904 5		N OF WHAT COUNTRY?
done during most of working life, even if retired)	NO 01 003/14233 OK 114003/K	11. BIKHITEACE (COMIN) & SIGNO, ST ISION		
Secretary  13. FATHER'S NAME	Church	West Virginia  14. MOTHER'S MAIDEN NAME		U.S.A.
13. PATREK S NAME		14. MOTHER'S MAIDEN NAME		
Frederick Dalzell  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. :		Mary Peyton		
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. (Yes, no, or unkown)   (Ifyesgivewarordetesofservice)	SOCIAL SECURITY NO. 17. 11	The Medical R	ecord	
18. CAUSE OF DEATH [Enter only one cause per li	navailable Th	ne Clinical Center, E	ethesda 1/1.	Maryland
	ne for (e), (b), end (c).]	, ,		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (e) Se	pticemia			48 hours
DUE TO				
Conditions, if eny, which \ (b) Py	elonephritis			
geve rise to immediate cause				
(a), stating the underlying cause lest. (c)				
A A DE II OTHER CHONING AND CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1	a) 19. WAS AUTOPSY
a   Metastatic Breast Carc		Bone marrow depression	n secondary	YES X NO
AN III. OTHER SIGNIFICANT CONDITIONS CON- Metastatic Breast Carc.  Status post—hypophysec  OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER	COMY	to chemotherepy.  (Enter nature of injury in Part V or Part II of it	tem 18.)	110 11 110 11
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	NJURY OCCURRED   20e. PLA	CE OF INJURY (Homa, farm, 1 20f. (City or I	lown) (County	(Stata)
Hour e.m. While	Not While factor	ory, street, office bldg., etc.)	(20011)	, (crare)
	trans (			
21. I certify that (1) (this hospital) attend	led the deceased from I	ecember.4, 1961, to De	cember 2519.0	that (t) (we) last
saw the deceased alive on. Beoember.	.25 .1961, and that	death occured a 4.5M, Afform the	e causes and on the	date stated above.
22a. SIGNATURE		ATTENDING MED.	TAFF	22b. DATE SIGNED
Michael tice	M.	D. PHYS. DIRECTOR P	PHYS. 🔀 Decemb	er 26, 1961
22c. PHYSICIAN'S NAME (Type) Michael Field	M D	The Clinical Cen	ter, Nationa	1 Institute
NAME (Type) Michael Field,	M.D.	of Health. Bethe	sda Ili. Mary	land
238. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY			
Burial (Specify)   12/28/1961	St. Matthews	, Char	leston, Wes	t Virginia
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY REGISTRAR	. 41.	
Robert A. Pumphrey Be	thesda, Maryl	and DATEDEC 28'61	arthur S. 1	rathle

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Burtat 12/20/1961 St. Mintsuns, Charleston, West Virginia

Robert A. Fumphrey Bethesda, Maryland Charlet Belleville

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

14207

					A 2100 .	
1. PLACE OF DEATH a. COUNTY MONTAON	awi/	MARYLAND	2. USUAL RESIDENCE (WI	nere deceased lived. If institution b. COUNTY		nission)
b. CITY OR TOWN (If autside car RURAL and give nearest town) Kensingt	porate mits, write c. LENG	TH OF STAY IN 16	c. CITY OR TOWN (IF a	outside carporate limits, write f	RURAL and give nearest to	own)
d. NAME OF HOSPITAL (If not in OR INSTITUTION 10815 Madis	haspital, give street address)		d. STREET ADDRESS	ladison Street		RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print) Fran	First J	Middle ord A N	Taylor	4. DATE MOI DE CA	ember 7	Year 1961
5. SEX Male 6. COLOR	OR RACE 7. MARRIED WIDOWED	EVER MARRIED   DIVORCED	B. DATE OF BIRTH	96 9. AGE (In years last birthday) 65 yrs.	Months Doys Hou	- 1
10a. USUAL OCCUPATION (Give kin during most of working life, eve		BUSINESS OR INDU	Pennsy/	vania	12. CITIZEN OF WHA	T COUNTRY
13. FATHER'S NAME	m 1		14. MOTHER'S MAIDEN N			
Frank C.		ECURITY NO. 17 1	NFORMANT	. Fisher	fress	
	or dates of service)			ylor-Wife-sa		
PART I. DEATH WAS CA	11.	(b), and (c).]	lial In	farction		BETWEEN ND DEATH
Canditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost.	(b) AV	teriosi	cleratic H	parti)ised	ise Uni	4 mos
САТІС	CANT CONDITIONS CONTRIBU	TING TO DEATH BU	T NOT RELATED TO THE TERM	inal disease condition gi	PER	AS AUTOPSY RFORMED?
200. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX	OF DEATH	W INJURY OCCURR	ED. (Enter nature of injury in	Port I ar Port II of item 18.)		
20c. TIME OF INJURY Month, Hour a.m. p. m.		while	LACE OF tNJURY (Hame, form portary, street, affice bldg., etc	n, 20f. (City or town)	(County)	(State)
21. I certify that (I) (this saw the decaded alive	121-7	1 1	-34	54 , to 12 — PM, fram the causes as	19_C/, that (I	
220. SIGNA URE	Thurzy		M.D. ATTENDING M.D. PHYS.	ED. STAFF RECTOR PHYS.	12-8-61	22b. DATE SIGNED
222. PHYSTETAN'S NAME (Type) Ceorg	e Sharpe M	n.p.	22d. ADDRESS 10511 5	ammit Av	e. KensingTo	n MZ
23g. BURIAL, CREMATION, 23b. DA REMOVAL (Specify) 12/	122 162	ME OF CEMETERY O	Cemetery	23d. LOCATION (City, town, Arlington	. Virginia	State)
24, FUNERAL DIRECTOR'S SIGNATU		DRESS	25a. REC'	4 4 101	ISTRAR'S SIGNATURE	
Robert A. Pun	phrey, Beth	esda, Ma	ryland DATE	DEC 11 '61		

Prantice Indion in the companies of the second continues of the companies of the companies

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Rasidane of asymission) 1. PLACE OF DEATH a. COUNTY funeral director. Page e. STATE 6. COUNTY for your files. MONTGOMERY MARYLAND Board of He b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL end give neerest town) Olney Washington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 4057 Grant St. Montgomery General Hospital YES NO X 3. NAME OF 4. DATE Month Dev Yeer DECEASED OF 161 Woodson Terrell Henry ge 5 mc (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthdey) 26/15 Months Days Male WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? This certificate should be executed within 24 hours af vord "pending" in pencil in Item 18. Give Pages 1,2 dical Examiner's Office along with form PM3. Page done during most of working life, even if retired) Mechanic Virginia pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Cornelia Duke Charley Terrell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no. or unkown) | (If yes give wer or detes of service) Grace Terrell - 4067 Grant St. NE. (wife Not stated 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) removal, Conditions, if eny, which geve rise to immediate ceuse 10 Medical Examiner's DUE TO (e), steting the underlying 38 5 cause lest. be used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19, WAS AUTOPSY CERTIFICATION PERFORMED? ase execute the certificate, writing the word should be forwarded to the Chief Medical E. FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremati YES X NO 20e. EXTERNAL CAUSE WAS CRIBE HOW INJURY OCCURED. (Enter neture of injury In Port I or Port II of item 18.) PRIMARY DE CONTRIBUTING CAUSE OF DEATH. Driver of car involved in accident. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY Not While factory, street, office bldg., etc.)
et work X Highway Silver Spring, Montg. While Not While Md. et work 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection | Inquiry and in my opinion Natural causes Accident 3 Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 12/8/61 DEPUTY MEDICAL EXAMINER SE EXAMINER'S Broschart Frank NAME (Type) Address (Street, city, town, or county) 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Specify) 240. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE ADDRESS **FUNERAL DIRECTOR** VS. AISME Com 7 S. Maus 5M 7/59

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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14230 PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institut e. COUNTY b. COUNTY Montgomery Maryland by the and 2 death. Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 16 write RURAL end give neerest town) Sandy Spring 5 days <u>\_</u>\_\_\_\_ Olney filled ir Pages e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? Montgomery General Hospotal YES NO 3. NAME OF 4. DATE Month Middle DECEASED Frederic (Type or print) Thomas DEATH December 31 19 61 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lest birthdey) Months Hours male WIDOWED W white DIVORCED [ January 29. 82 yrs. 1879 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) done during most of working life, even if retired) Banking Banker Maryland United States 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alban Thomas Sue Leggett 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror detes of service) unknown Hospital Records 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. 5 w/3 IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11-01-19. WAS AUTOPSY PERFORMED? NO P 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Year factory, street, office bldg., etc.) While Not While et work et work DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from Nov, 1955, to 1964, that (I) (we) last saw the deceased alive on. 1964, and that death occured above. 22b. DATE 22e SIGNATURE ATTENDING SIGNED X PHYS. PHYS. DIRECTOR FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S Sandy Springi NAME (Type) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Freends Cemetery Sandy Spring, Md. Jan. 3. 1962 Burial 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

ADDRESS

DATE JAN 4

Orthur S. Trava

Laytonsville, Md.

VR A15 (4) 15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE

Francis H. Barber

Manuelphia.

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117. 225. EDITOR OF THE

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MARYLAND STATE D	EPARTMENT OF HEALTH	
DIVISION OF STATISTICAL RESEARCH AND RECORD  14240  CERTIFICAT		ARYLAND
		14211
LACE OF DEATH . COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Resi	idence before admission)
Montgomery MARYLAND		omery_
. CITY OR TOWN (if outside corporata limits,   c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and b	
write RURAL and bive nearest town)	T.C. B.C. 17	
NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	a. IS RESIDENCE
. NAME OF HOSTIAL OR HOSTITOTION (If not in nospile), give sireel eddress)	d. STREET ADDRESS	ON A FARM?
astrinaton Janitarium + Hospital	Ille Park AVC.	YES NO
VAME OF First Middle	Lasf 4. DATE Month 0F	Dey Yeer
Type or print) Maude Flizabeth T	DEATH (/)	1 19 61
	3. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YE	P
. MARKIED LA VER MARKIED	last birthday) Months De	ys Hours Min.
emale   White   WIDOWED DIVORCED	1-21-01 3 4 yrs.	
USUAL OCCUPATION (Give kind of work during most of working life, even if retired)	RY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZE	N OF WHAT COUNTRY?
Housewive	Maryland	
FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Walter Grega	Cora Norris	
WAS DECEASED EVER IN U.S. ARMID NORCES?   16. SOCIAL SECURITY NO.   17. 1 , ng., or unkown)   (Hyesgiva war or dates of service)	INFORMANT Address	
	sp. Records	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	1	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	echisian,	ONSEY AND DEATH
T 20   DUE TO		, ,
Conditions, if any, which \ (b)		
gave rise to immediate cause DUE TO		
(e), stating the underlying causa lest.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(	PERFORMED?
206. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURED OF CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)	
	ACE OF INJURY (Homa, farm, 20f. (City or town) (County torus street, office bldg., etc.)	(Stete)

to Dec. 3/ , 196/, that (I) (we) last

certify that (I) (this hospital) attended the deceased from.

22e. SIGNATURE

ATTENDING PHYS. MED. DIRECTOR 7030 Car

STAFF PHYS.

22c. PHYSICIAN'S NAME (Type)

Creek Cimely

23d. LOCATION (City, town or county)

Bremovae (Specify)

256. REGISTRAR'S SIGNATURE

VR A15 (4)

executed within 24 hours after

The law requires that the death certificate be

th. Page 4 may be retained by the hospital or attending physician.
\*UNERAL DIRECTOR: After this certificate has been signed by the attending

OR ATTENDING PHYSICIAN:

HOSPITAL

with the State Dept. of Health prior to burial, cremation, or removal.

3 should be detached for use as the burial-transit permit.

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physician remove

Then please

Pages

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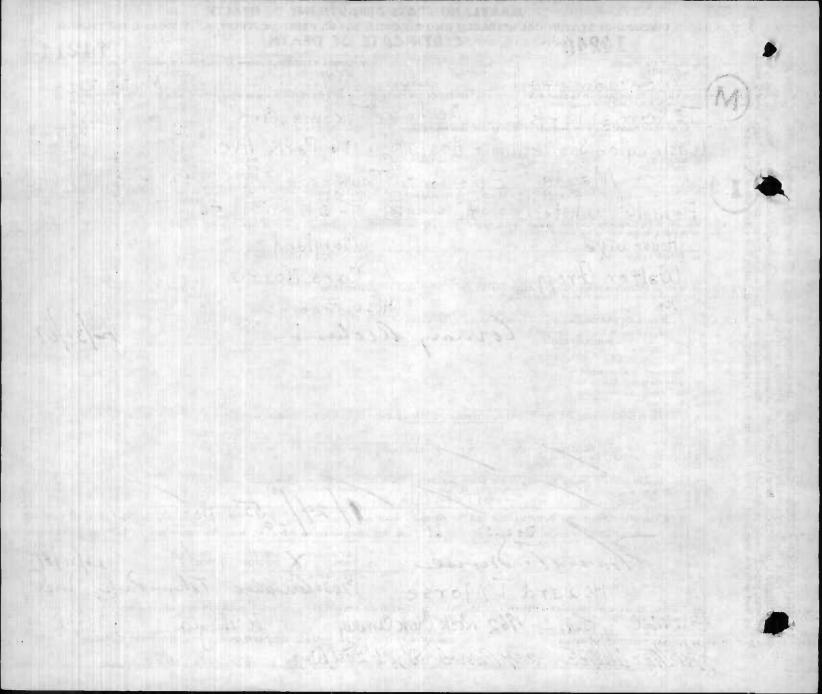
(Yes

MEDICAL CERTIFICATION

15M 7/61

director, page

be filed



TO. HOSPITAL OR AITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

S. C. CINERAL DIRECTOR: After this certificate has been signed by the attending physician and or eaterly filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon capers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dept.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14241 CERTIFICATE OF DEATH
14210

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)
Н	e. COUNTY	a. STATE b. COUNTY
4	b. CITY OR JOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	MARYland Montgomery
1	b. CITY OR TOWN (if outside corporete limits, yrita RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)
	TAKOMA PARK Sda 15 hRs.	XOVXXXX Silver Spring 24
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS
4		733 Sligo Avenue, Apt. 615, ON A FARM?
- 1	Washington SanitARRIVEM 4 Hospital	YES NO X
П	DECEASED / Middle	Last 4. DATE Month Day Year
	(Type or print) Vicha Denne 7	homson December 2 1961
		DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	O 1. 1.1	last birthday) Months Days Hours Min.
1	Temale white WIDOWED DIVORCED /	Vovember 13, 1880 8/ 415.
J	done Muring smart of working life area if entire J	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
(	RET.) [ CLERK + TYPIST Post Office Dest	Paranten 1
1	13. FATHER'S NAME	14. MOTHER SCHALDEN NAME  14. MOTHER SCHALDEN NAME
V		2 / 20 /4/
	John Belford	HANNA HEHELFINGER
4	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. I	NFORMANT
-		Later P. 1
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	ospital Kecord.
-	DADTA DEATH WAS CALISED BY	ONSET AND DEATH
	IMMEDIATE CAUSE (& CARCIN OMATOS	15, GENERALIZED -15MO
П	1531 DIETO	
	Conditions, if any, which > (b) TRIMARVADENCE	CARCINOMA, IRANSVERSE COLON - 15 MO
П		The series with the series of
	(e), steting the underlying DUE TO	
	causa last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  206. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED.  OR CONTRIBUTING   CAUSE OF DEATH  IIIF EITHER, NOTIFY MEDICAL EXAMINER)	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
		YES NO T
	208. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURED.	. (Enter nature of injury in Pert I or Part II of itam 18.)
П	OR CONTRIBUTING CAUSE OF DEATH UIF EITHER, NOTIFY MEDICAL EXAMINER)	
		CE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)  ory, street, office bldg., etc.)
	p.m. 19 et work el work	
П	21. I certify that (I) (this hospital) attended the deceased from	Oct . 1958 to 2 Dec . 196/ that (1) (we) last
		death occured ar
	22e. SIGNATURE	ATTENDING MED. STAFF SIGNED
	Servet T. Kindell . M.	and The state of t
П	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type) SERUCH T. KIMBLE	927 Pershing for I down I fring mod.
	AUDIAL CREMATION LOS DATE THEREOF LOS ANALYS OF CONTESTED	
	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY (	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	BURIAL 12/5/61 Parklawn Cemeta	ery Montgomery Maryland
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
	24 Martin Direction of Morning	
	WARMER E. PUMPHREY, INC. Silver Spring, M.	nue DEC 5 '61 Contract & Tracks

17651 The state of the s Sabina Wilcoma Busines Services Services Services Services

Metely filled in by the funerappers. Pages 1 and 2 should The law requires that the death certificate be executed within 24 hours after A HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 how may be retained by the hospital or attending physician.

UNERAL DIRECTOR: After this certificate has been signed by the attending physician and of patch of the plant of the

> VR A15 (4) 15M 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

14949

CERTIFICATE OF DEATH

- 2696	
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission
	a. STATE b. COUNTY
Montgomery  b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	Pennsylvania c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)
writa RURAL end give nearest town)	10 11 2
Bethesda 111 days	Shamokin 15 X · 3
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  a. IS RESIDENCE ON A FARM?
The Clinical Center, Bethesda ll. Md.	1/12 South Franklin Street YES NO X
3. NAME OF First Middle	Last 4. DATE Month Dey Year
DECEASED (Type or print)	OF DEATH Described Of 19 (7
5. SEX   6. COLOR OR RACE   MADDIED   NEVER MADDIED   SEL	7 Tighe December 25 16 UNDER 1 YEAR FIF UNDER 24 HRS.
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	lest birthdey) Manths Days Hours Min.
Male White WIDOWED DIVORCED	August 2, 1910   51 yrs.   4   23
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retirad)	RY 11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY
	Daniel James de la Carte de la
Shipper and Checker Dressed Beef Co.	Pennsylvania U.S.A.
John J. Tighe	Mary Martin
15. WAS DECEASED EVER THOUS. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.   (Yas, no, or unkown)   (Ifyesgivawarordatesofservice)	The Medical Record
3 m or 31 (o m	
18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).]	he Clinical Center, Bethesda 14, Maryland Metastatic to Maryland
PART I. DEATH WAS CAUSED BY: Comping of the T	1
IMMEDIATE CAUSE (e) GOT CETTOTIA OF OTTE I	nyrold gland lungs, liver 3 years
DUE TO	
Conditions, if eny, which \ (b) Congestive heart f	ailure of unknown etiology 4 months
geve rise to immedieta causa (a), stating the underlying  DUE TO	
ceuse last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	PERFORMED?
5	YES X NO .
OR CONTRIBUTING [7] CAUSE OF DEATH	D. (Enter neture of injury in Part I or Part II of item 1B.)
	ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete)
Hour e.m. While Not While to	ctory, street, office bldg., etc.)
	2 (2 2 ) 05 (2
21. I certify that (It (this hospital) attended the deceased from	September 5, 19.61 to December 25,9.61 that (t) (we) las
saw the deceased alive on December 25, .19.61, and the	at death occured at 1.00AM om the causes and on the date stated above
22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
l'arl 18 antil	M.D. ATTENDING MED. STAFF SIGNED PHYS. December 26, 1961
22c. PHYSICIAN'S	27he Doctinical Center, National Institutes
NAME (Type) Carl J. Bentzel, M.D.	
	of Health, Bethesda ll, Maryland
AND RUDIAL CREMATION   221 DATE THEREOF   22. NAME OF CEMETERY	
DEMONAL (S15.)	OR CREMATORY 23d. LOCATION (City, town or county) (Steta)
Burial (Spacify) 12/29/1961 St. Mary's	Coal Township Penna. (Stela)
DEMONAL (S15.)	

SAS

ORIGINARY

CONTROL CONTRO

Conjective nert i ure 'unideau eti ege

The second of th

Eural 12/28/1981 St. Mary's

Coal Township Easter.

Equant A. damporey Houseads, Maryland -

DACSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after bege 4 may be retained by the hospital or attending physician.

Page 4 may be retained by the hospital or attending physician.

ONLINERAL DIRECTOR: After this certificate has been signed by the attending physician and content of the plant of th

TO

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

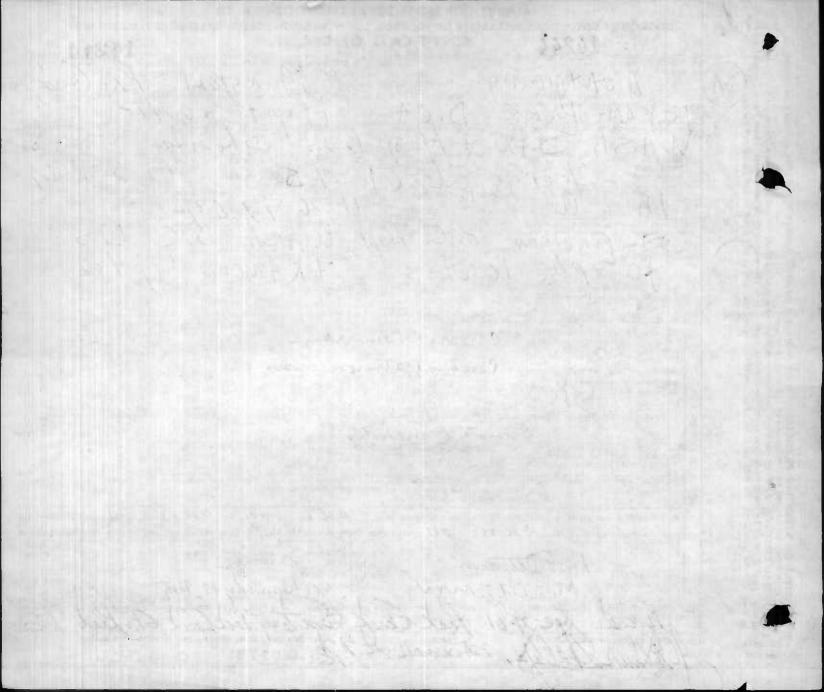
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12.13 11,010

	1 4 7							
1. PLACE OF D	EATH		2. USUAL RESIDEN	CE (Whera dec	eesed livad, If i		Idence before	admission
	erv	MARYLAND	Nebra	aska	B. COUN	11		~
b. CITY OR TO	ETY OWN (if outside corporate limits, AL and give neerest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (		rate limits, writa	RURAL and g	ive nearest to	wn)
Bethes		LO Dats	Papilli	ion		61	1-X.3	
	OSPITAL OR INSTITUTION (if not in hos		d. STREET ADDRESS			· · · · ·		RESIDENCE
The Cli	nical Center, Beth	eda Ili Md.	310 Crest	t Road			_	A FARM?
3. NAME OF	First	Middle	Last	4. DATE	Month	1	Dey Yes	er
DECEASED (Typa or print)	Michael	Laverne T:	immerman	OF DEATH	Decembe	m 2	. 19	61
5. SEX	6. COLOR OR RACE 7. MARRIE	DAVELINE 1.	. DATE OF BIRTH	9.			-	R 24 HRS.
24-7 -					last birthday)	Months Day	ys Hours	Min.
Male	White   WIDOW!	DIVORCED DIVORCED DIVORCED		1954	7 yrs.	12 CITI7F	N OF WHAT	COUNTRY
dona during most	of working life, even if retirad)				oreign country)			COOMMAN
Stud		None	Minneso				U.S.A.	
13. FATHER'S NA	AME		14. MOTHER'S MAIDEN	NAME				
	rne Timmerman		Patricia	McCormi	ick			
	ED EVER IN U.S. ARMED FORCES?   16.	SOCIAL SECURITY NO. 17.	INFORMANT The	Medical	L Record	ls		
NO		None T	ne Clinical (	Center.	Retheso	le Th	Maryla	nd
18. CAUSE	OF DEATH [Enter only one ceuse per	line for (e), (b), end (c).]		,	DO OTTODA		INTERVAL BE	ETWEEN
PART I.	DEATH WAS CAUSED BY: Ca:	rdiac arrest					two mi	
2	O DUE TO							
Conditions.		obable Hypogly	cemia				unknow	n
gave rise to i	mmediete ceuse						MAMANATIL	
(a), steting cousa last.	ina underlying	mphogamooma					l. r	
	OTHER SIGNIFICANT CONDITIONS CO	mphosarcoma	OT RELATED TO THE TERM!	NAL DISEASE C	ONDITION GIV	EN IN PART 10	4-5 MO.	AUTOPSY
ē	THE RESERVE OF THE PARTY OF THE						PERF	ORMED?
s metast	ases to mediastinu	m, liver, bone	marrow.	Death an Beat II	-6 (h 10 )		YES X	№ [-]
OR CONTRIBU	NT WAS UNDERLYING   20b. DES UTING   CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURED	), (Enter natura of injury in	Part I or Part II	or iram is.)			
ZOc. TIME O	F INJURY Month, Day, Yeer   20d.		CE OF INJURY (Home, fare		or town)	(County	r)	(Stete)
20c. TIME O	int wa	e Not While fac	tory, street, office bldg., etc					
	ify that (I) (this hospital) atter		October 23	10 67 10 7	December	2 10 6	T that (I)	(wa) las
	eceased alive on December							
			death occured at	7.5.4V) Jurom	ine causes	and on the		b. DATE
22a. SIGNA	TURE A. 31		ATTENDING PHYS.	MED.	STAFF	12-2-	,	SIGNE
22c. PHYSIC	yourse Heyn	N						
NAME	(Type) J. David Heywo	od M.D.	11		ical Cer			
			Institute					
23a. BURIAL, CR	EMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY			TION (City, to			(Stata)
	-transit 12-3-6	l Papillion			illion			
	ECTOR'S SIGNATURE	ADDRESS			RAR 25b. REG			
ROBERT	A. PUMPHREY	Bethesda, Ma	ryland MG	6 '61	Cirthu	S. Krae	4	

meX21 = 1 04 04 I Stone a low The Chargest Combac, Cornegation, Martin phillips results for the state of the st The state of the s ent control to the control was . T. Charact Little . D. C. C. orist-transit I - - - I tempter venture venture, webroaks ROBERT A. PUMPHREY Berbeson, Maryland W.

MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution Residence bales e. COUNTY c. LENGTH OF STAY IN 16 c. CITY, OR e. IS RESIDENCE ON A FARM YES NOL NAME OF DATE OF DECEASED DEATH (Type or print) 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 71 MARRIED Months WIDOWED DIVORCED physician 12. CITIZEN OF WHAT COUNTRY? 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY country done during most of working life, even if retired) SOR 13. FATHER'S NAME please attending Pu 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give wer or dates of service INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 2-12 IMMEDIATE CAUSE (0) DUE TO Conditions, if end, which geve rise to immediate ceuse DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) | 19. WAS AUTOPSY PERFORMED? NO 4 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While et work 21. I certify that (I) (this hospital) attended the deceased from DRC 1 ...., 1961, to Dec 23 ...., 1961, that (I) (we) last saw the deceased alive on 1961, and that death occurred at 330 MM, from the causes and on the date stated above. 22b. DATE 22e. SIGNATURE SIGNED PHYS. DIRECTOR UNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) comedy for 23c. NAME OF CEMETERY OF CREMATORY 23e. BURIAN CREMATIO 256. REGISTRAR'S SIGNATURE VR A15 (4) Orthur S. Tinus 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	14245	CERTIFICATE	OF DEATH		14213	
1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where			ce before edmission
	Montgomery Cou	unty MARYLAND	. STATE Marylan	d b. coun	Montgo	omery
	b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co	rporete limits, write	RURAL and give	neerest town)
	olney	4½ days	Norbeck /	4		
	d. NAME OF HOSPITAL OR INSTITUTION (if no	t in hospitel, give street address)	d. STREET ADDRESS			ON A FARM
	Montgomery Genera:	l Hospital	Norwood Road			YES NO
	NAME OF First DECEASED	Middle	Lest 4. DATE	Month	Dey	Yeer
	(Type or print)	V		H Decemb	er 13	1961
5.	male   6. COLOR OR RACE 7. /	MARRIED NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In yeers last birthdey)	Months Days	Hours Min.
	W	IDOWED X DIVORCED M	arch 15, 1872	89угз.	Monins Days	Hours Min.
O:	De. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stete,	or foreign country)	12. CITIZEN O	F WHAT COUNTRY
	Unknown	Retired	Germany		USA	
1.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
	Unknown		Unknown			
	<ul> <li>WAS DECEASED EVER IN U.S. ARMED FORCES: es, no, or unkown)   (Ifyesgivewerordetesofservice)</li> </ul>	(e)		Address		
	inknown	Yes	Hospital Recor	ds		
	18. CAUSE OF DEATH [Enter only one cau		umonia B	12 ATE		ERVAL BETWEEN
CERTIFICATION	ceuse lest.  PART II. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEAS	E CONDITION GIVE		9. WAS AUTOPSY PERFORMED? YES TO NO
FICA	20e. ACCIDENT WAS UNDERLYING     20	b. DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in Pert I or Par	t II of item 18.)		IES IN NO
CEK	OR CONTRIBUTING CAUSE OF DEATH					
Y	20c. TIME OF INJURY Month, Day, Year			City or town)	(County)	(Stete)
MEDICAL	Hour a.m.	While Not While fector	ory, street, office bldg., etc.)			
-	p.m. 19		12-10 :01	0/2/13	10 6	
	121.   Certity that (I) (this hospital)		1001			hat (1) (wa) la
	low the deserved alive on 12	attended the deceased from	110	/		
	saw the deceased alive on	113 1	death occured at	/		ate stated abov
	saw the deceased alive on	194, and that	death occured at	om the causes		22b. DATE
		113 1	death occured at	om the causes		ate stated above
	22e. SIGNATURE	194, and that	death occured av./M, from MED. D. PHYS. MED. DIRECTOR	STAFF PHYS.	and on the da	22b. DATE
23	22c. PHYSICIAN'S NAME (Type)  LUCIANO XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	M.D. M.D. M.	D. ATTENDING MED. DIRECTOR  22d. ADDRESS  GAITHERSB	STAFF PHYS.	LAND	22b. DATE
	22c. PHYSICIAN'S NAME (Type)  Bo. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	M.D.  LEAL M.D.  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	D. ATTENDING MED. DIRECTOR  22d. ADDRESS  GAITHERSB  OR CREMATORY  23d. LC	STAFF PHYS.  URG, MARY	LAND	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)  LUCIANO XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	M.D.  LEAL M.D.  AXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	death occured ay	STAFF PHYS.   URG, MARY CATION (City, tow  1 and JSTRAR 25b, REG	LAND  Maryla	22b. DATE SIGNE
	22c. PHYSICIAN'S NAME (Type)  Bo. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)  Cremation 12/15/61	LEAL, M.D.  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	death occured ay	STAFF PHYS.   URG, MARY CATION (City, tow  1 and JSTRAR 25b, REG	LAND The or county) Maryla	22b. DATE 2/13/61

letely filled in by the funeral papers. Pages I and 2 should T. UNERAL DIRECTOR. After this certificate has been signed by the attending physician and considered filled in by the full director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2-5 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deaph. VR A15 (4) 15M 9/60

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

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DSOR Egowster Losignon Istaneo vasmogdmon

March 15, 1872

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BROWERS PECUMONIN BILATERAL

ARTERIES ELEROTIC HEART DIGHEE

Jack Manakanan : 12:

The Late Con-

Guert A. Pumpnre . Bette in, Lary and Wolf & Ma

pletely filled in by the funera executed within 24 hours after 72 hours after LOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execut. Page 4 may be retained by the hospital or attending physician.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon picklined with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within

> VR A15 (4) 15M 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
14216

7.0					
1. PLACE OF DEATH		2. USUAL RESIDENCE (Wha			ica before edmission)
Montgomery	MARYLAND	Maryland	b. COUN	Prince (	Georges
	H OF STAY IN 16	c. CITY OR TOWN (If outside	corporete limits, write		
	days	Hyattsville		1651	1-2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give si		d. STREET ADDRESS			e. IS RESIDENCE
mi olimi il Gantan Datharda	7/ 1/2	2600 Virland	Dlass		YES NO X
The Clinical Center, Bethesda	Middle	2609 Kirkwood		Day	Year
DECEASED (Type or print)		OF	MTH .	2 4	10 / 2
Alice	rothy	Walling   DEA	19. AGE (In yeers )		
TO 33			lest birthdey)	Months   Days	Hours Min.
		ecember 4, 1916	45 yrs.		
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	SINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State	e, or foreign country)		OF WHAT COUNTRY
Clerk-Typist Insur	ance	Virginia		U.S	. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
William W. Giles		Gertrude Fie	lds		
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SE	CURITY NO. 17. I	NFORMANT The Medic	al Recottos		
(Yes, no, or unkown) (Ifyes give war or detes of service)		e Clinical Center		a 1/. Ma	rvland
18. CAUSE OF DEATH [Enter only one ceusa per line for (a), (		e orringar ochioc.	, De onoba	LIN	TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	on pneumor	าร่อ		O	NSET AND DEATH
13 7 7	on photonion				o nom s
DUE TO Comphys]	Embolue r	with brain damage			5 weeks
Conditions, if any, which geve rise to immediate cause	THEOTUS !	ATOH DISTH Gamage	-		) MCGK2
(a), stating the underlying DUE TO					
cause lest. (c)					
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NO	T RELATED TO THE TERMINAL DISE	ASE CONDITION GIVE	N IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
Rheumatic Heart Disease - Mit	tral Stend	osis with left at	trial thron	nbus	YES NO
Rheumatic Heart Disease - Mit  200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  (IF ETHER, NOTIFY MEDICAL EXAMINER)	/ INJURY OCCURED.	. (Enter nature of injury in Pert I or P	Pert II of item 18.)		
	CURRED   20e. PLA	CE OF INJURY (Home, ferm, † 20f.	(City or town)	(County)	(State)
Hour e.m. While Not W	hile facto	ory, street, office bldg., etc.)			
		2/ /2	-	20 /2	
21. I certify that XI) (this hospital) attended the					
saw the deceased alive onDecember18.19.	61, and that	death occured all:49A	fom the causes	and on the d	ate stated above
220. SIGNATURE		ATTENDING MED.	STAFF		22b. DATE SIGNEI
Part a. Ebert	M.	D. PHYS. DIRECTOR	PHYS.	12/3	18/61
22c. PHYSICIAN'S NAME (Type) Dougl A Thouse M T		22d. AODRESS The Cl	inical Cen	ter. Na	tional
Paul A. Ebert, M.I	0.	Institutes of			
	ME OF CEMETERY	OR CREMATORY 23d.	LOCATION (City, tow	vn or county)	(Stale)
REMOVAL (Specify)	ar Hill	Si	uitland, M	aryland	
	DRESS	25a. REC'D BY RI	EGISTRAR 256. REG	ISTRAR'S SIGNA	TURE
	rilla Ma	ryland DATE DEC 21	'61 ch	ilver S. The	U.S.
- Lancis Gascii S Dons Hyatisv	rile, wia.	Lyland Park Brown			

STREET, STREET in it is a large to the same The Sitter Contest, Bothers L. . I. and Sitter and Contest Some and the second of the sec -. h A Land of the Carte Company of The second secon productive former the control of the state o 0:11 12/25 I sint of the tipe. THE RELIEF OF THE PARTY. Seddland, Maryland mid webed Talisasi I fine Ir nois Care. ". Sons Tryactaville, Maryland

TO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a page 4 may be retained by the hospital or attending physician.

Page 4 may be retained by the hospital or attending physician.

TO TUNERAL DIRECTOR: After this certificate has been signed by the attending physician and content tilled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please femove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it any event, within 72 hours after definition.

VR A15 (4) 15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14947 CERTIFICATE OF DEATH

The sale Par LE 9	
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, if institution: Residence belora edmission)
MONTGOMERY COUNTY MARYLAND	a. STATE MARY LAND B. COUNTY MONTGOMERY
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (Il outside corporete limits, write RURAL and give neares) lown)
TAKOMA PARK 1m0 d 13 day	5 Silven SPRING 29
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   0. IS RESIDENCE
1	ON A FARM?
WASHINGTON SANITARYIM 4 HOSPITA	
3. NAME OF First Middle	Last 4. DATE Month Dey Yeer OF
(Typa or print) LEONARD GKI+FII	14 WALK 13 DEATH 12 5 1961
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   1	9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
MALE WHITE WIDOWED DIVORCED	11-24-80 St birthdey) Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even il retired)	RY II. BIRTHPLACE (COUNTRY) 12. CITIZEN OF WHAT COUNTRY?
SOUTHERN RAILWAYS RT, 20, RAILWAYS	Md. 14001680000 U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM H. WALLIS	MARIA GRITFITH
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address
(Yes, no or unkown) (Ilyes give were redetes al service) 718-10-5746	HOSPITAL CHART-
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	teripocleration Heart Descon ONSET AND DEATH
IMMEDIATE CAUSE (e)	acceptant from 10-2-
DUE TO	
Conditions, il any, which (b)	
geve rise to immediate cause (a), stating the underlying  DUE TO	
cause lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
Jeneraliza art	crioscleros YES NO X
200. ACCIDENT WAS UNDERLYING []   20b. DESCRIBE HOW INJURY OCCURE	D. (Enter neture of injury in Pert I or Pert II of item 18.)
200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Dey, Yeer   20d. INJURY OCCURRED   20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
at work at work	tory, street, office bldg., etc.)
	april , 1969 to Dec. 5 , 1961, that (1) (we) last
21. I certify that (I) (this hospital) attended the deceased from	170 10 (We) last
saw the deceased alive on 19.4.1., and that	t death occured at 4.1. From the causes and on the date stated above.
22. SIGNATURE	ATTENDING MED. STAFF SIGNED
111111111111111111111111111111111111111	A.D. PHYS. DIRECTOR PHYS. 12/3/61
Mc. PHYSICIAN'S NAME (Typa)	22d. ADDRESS 9241 Col. Blvd.
W NAME (Typa) J. Marion Bankhead	Silver Spring, Md
23e. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stata)
REMOVAL (Specify) BURTAL 12/7/61 ROCK CREEK CE	METERY WASHINGTON D.C.
20723440	The state of the s
WITENACE PURITIES FOR WILLIAM BAST CO	2911 1406
Marmond U. 215ka -	5.5, Md. DATDEC 7 '61   Shing & Maria

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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

				1401	0
1. PLACE OF DEATH  e. COUNTY			E (Where decessed livad, I		ce before admission
Montgomery	MARYLAND	. STATE Maryl	and b. cou		gomery
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16		outside corporeta limits, wrl	e RURAL end give r	neerest town)
write RURAL end give nearest town) Olney	10 days	X Gaithe	rsburg		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos		d. STREET ADDRESS			. IS RESIDENCE
		none		unknow	ON A FARM?
NAMMOntgomery General	Hospital	Lest	4. DATE Mont		Yeer
DECEASED (Type or print)	Disama	Warthen	OF DEATH Decemb	er 24	19 61
Nona	Burns	DATE OF BIRTH		IF UNDER 1 YEAR	IF UNDER 24 HRS.
7. MAKKIE		8/19/1883	lest birthday)	Months Deys	Hours   Min.
emale   White   WIDOWE  USUAL OCCUPATION (Give kind of work   1Db. K			78 yrs.	L 12 CITIZEN OF	F WHAT COUNTRY?
ona during most of working life, aven if refired)	IND OF BUSINESS OR INDUSTR	A STATE OF THE REAL PROPERTY.			_
omemaker		Maryland		unite	d States
FATHER'S NAME		14. MOTHER'S MAIDEN			
clifford Burns		Roseanna	Glaze		
WAS DECEASED EVER IN U.S. ARMED FORCES? 16. as, no, or unkown) (ffyasgivawarordatesofservice) 21	7 08 6000		Addres	s	
	H(	ospital Rec	ords		
18. CAUSE OF DEATH [Enter only one ceuse par	ine for (a), (b) and (a).]	- /	1		ERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	1.1.1	Benefit	Va. Ounia	ON	SET AND DEATH
IMMEDIATE CAUSE (e)	ares (	scoreno	produce		Tang
DUE TO	. /	1 7	- T-0	1 / 1	111
Conditions, if eny, which (b)	mpression	· porcu	al 1	4/6	1 carage
(e), steting the underlying DUE TO				11000	0
causa last. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	AL DISEASE CONDITION GI	VEN IN PART 1(a) 1	9. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	un, je	nenull	Jen -	1	TES NO
20a. ACCIDENT WAS UNDERLYING DESCRIPTION DES	CRIBE HOW INJURY OCCURED	(Enter neture of injury in	art for Pert II of itam 18.)	-/-	DOM:
(IF EITHER, NOTIFY MEDICAL EXAMINER)	cent fell	out of	red, at	non	
	INJURY OCCURRED 10200. PLA	CE OF INJURY (Home, farm	; 200 (City or town)	(County)	2 (State)
Hour e.m.	Not While fect	ory, streat, office bldg., etc.)	Duthan	unes .	mas.
		Comment	2/1. 12	11 des	
21. I certify that (I) (this hospital) atten	/ //	2.7	1960 f, 10 DET.		hat (I) (we) las
saw the deceased alive on 12.4	719.5.1., and that	death occured	M, from the causes	and on the da	
22a. SIGNATURE	1/100	ATTENDING M	ED. STAFF		22b. DATE SIGNED
Janon Milling	M M	.D. PHYS. D	RECTOR PHYS.	12.	26.61
22c. PHYSICIAN'S NAME (Type) Hack Schumacke	er	22d. ADDRES Gai	thersburg.	Md.	/
TAME (1)pe)					
BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d LOCATION (City, to		(State)
REMDUTISELITY) Dec. 28 1961	Damascus		Damaseus	Ma	aryla
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25e. REC	D BY REGISTRAR 256. RI	GISTRAR'S SIGNAT	TURE
	Laytonsville,	Md.	2 9 '61 a	rilar & There	4
1 minus 1x yarvor		DAIG	26901	mining a / wall	-

letely filled in by the funeral papers. Pages 1 and 2 should nt, within 72 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be a Page 4 may be retained by the hospital or attending physician.

THE JINERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please remove earbothe filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with

VR A15 (4) 15M 9/60

executed within 24 hours after

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pletely filled in by the funeral papers. Pages 1 and 2 should 72 hours after death executed within 24 hours after With Page 4 may be retained by the hospital or attending physician.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please remove carbot be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate ba

> VR A1S (4) 1SM 7/61

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14249 CERTIFICATE OF DEATH 14219

	1. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence bafore admission)
	1.1011taomery MARYLAND	a. STATE b. COUNTY
/	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	write RURAL and give nearest town)	C. CIT ON TO WITH BUSINESS CORPORATE MINING, WHITE KONNE WIND STATE MONTH
1	- Takoma Park,	Dilver Spring
7	d. NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give street eddress)	d. STREET ADDRESS  ON A FARM?
	Washingatan San + Hospital	86.58 Piney Branch Rd YES NO NO
	3. NAME OF First Middle	Last 4. DATE Month Day Yaer
	(Type or print) hillian Allie	Weaver DEATH Dec 12 1961
-	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8.	DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	Female White WIDOWED DIVORCED	8-16-1891   last birthday)   Months   Days   Hours   Min.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Refixed Civil Service U.S. govt	Morth Carolina U.S.A.
1	A3. FATHER'S NAME NOTON	14. MOTHER'S MAIDEN NAME
	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	Mary S. Benson
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.   II (Yes, no, or unknown)   (Hyes give war or detes of service)	NFORMANT Address
		ospital Records
	1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (a) Coronary	Thrombosis Heute 6 days
	420.1 DUE TO //	1/2 / 7
	Conditions, if eny, which \ (b) HUDENTENSI	ue Heart Disease
	geve rise to immediate cause  OUE TO	
4	cause last. (c) Hupentensi	on
	(6)	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20a. ACCIDENT WAS UNDERLYING  20b. DESCRIBE HOW INJURY OCCURED.  OR CONTRIBUTING CAUSE OF DEATH  UTILITHER NOTIFY MEDICAL EXAMINER	PERFORMED? YES \( \sqrt{NO} \)
	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in Part I or Part II of item 18.)
	to also	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
	Hour e.m.    White   Not While	1
	21. I certify that (I) (this hospitel) attended the deceased from	9-23- 1961, to 19-12 1961, that (1) (we) last
2		
		deeth occured et. 7, M, from the causes and on the date stated above.
	22a, SIGNATORE	ATTENDINGMED STAFF / / SIGNED
	M. M.	D. PHYS. DIRECTOR PHYS. 12/12/6/
	122 PHYSICIAN'S SAMUEL A. HILLMAN	22d. ADDRESS & Flower AVE. S.S. Ma
	Traine (1790)	8829 11000 1000, 0.000
	23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY C	OR CREMATORY   23d. LOCATION (City, town or county) (State)
	REMOVAL (Specify)	Comptons Deines Com Manager
	Burial 12/15/61 Fort Lincoln	Cemetery Prince Georges Maryland
4	24 FUNERAL DIRECTOR'S HONATUREZISHIA 8434 Georgia Avenue	e DEC 1 E 161 Chilling S. Thomas
W	arher 6. Pumphrey, Inc. Silver Spring, Mar	yland DATE DEC 3 0.

Coronary Thrombosis Acute Happerfensive HEART DISCHSE Hypertension Silleward = 12/12/21 8829 Flower ALE SIM SAMUEL A. MILLIMAS  \* HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the Page 4 may be retained by the hospital or attending physician.

\*\*TNERAL DIRECTOR: After this certificate has been signed by the attending physician and the pletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbot pagers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60 MARYLAND STATE DEPARTMENT OF HEALTH

MAKILA	IND STATE DEP	AKIMENI OF	DEALID	
DIVISION OF STATISTICAL RESEARCE	H AND RECORDS. 3	01 W. PRESTON	STREET, BALTIMORE	1. MARYLAN
14250	CERTIFICATE	OF DEATH		142

1. PLACE OF DEATH	1	2.	USUAL RESIDENCE	(Where decessed lived, If		efore edmission)
o. cookii M	ontdomerv	MARYLAND	· SATIZEVI	and b. cou	rince Ge	0140
b. CITY OR TOWN (if outs write RURAL and give	ide corporete jimits, /c. L	ENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporete limits, wri	te RURAL and give near	st tow
Silver	Spring 2	davs	HVZ	ttsville	1656	-2
d. NAME OF HOSPITAL C	R INSTITUTION (if not in hospitel, s	give street eddress)	d. STREET ADDRESS	.1 11	0.	. IS RESIDENCE ON A FARM?
1503 La	dd Street		82071	New Har	mpshire Av	No M
3. NAME OF DECEASED	First	Middle	Last	DATE Mont	th Dey	Yeer
(Type or print)	Alice Cece	lia lu	lelch	DEATH De	c 11	1961
5. SEX 6.	COLOR OR RACE 7. MARRIED	NEVER MARRIED 8. D.	ATE OF BIRTH	9. AGE (In yeers lest birthdey)		JNDER 24 HRS.
Female W	wite WIDOWED	DIVORCED	V 23, 1893	3 63 yrs.	Months Days Fig	ours Min.
10a. USUAL OCCUPATION ( done during most of working	Give kind of work   10b. KIND O	F BUSINESS OR INDUSTRY	1. BIRTHPLACE (County	& State, or foreign country	12. CITIZEN OF W	HAT COUNTRY?
Housewife		Home	Washing	ton D.C	0,5,14	1
13. FATHER'S NAME	1 -1 - 1	14.	MOTHER'S MAIDEN NA	AME		
William	r. O Beirne		Teresa M	Donald		1104
15. WAS DECEASED EVER IN (Yes, no, or unknown)   (Ifyesg		AL SECURITY NO. 17. INF	DRMANT	A / I Addres	5 1503 La	dd ST.
No	220	0-32-6153 Alic	2 Welch N	lathewson	Silvers	pring, Md
PART I. DEATH WA	H [Enter only one couse per line for	(e), (b), and (c).]			ONSET	AL BETWEEN AND DEATH
	DIATE CAUSE (e) ACUTE	BRONCH OPNEUMO	NIA			2 days_
11 771	DUE TO					
Conditions, if eny, wh	1-/		-			
(e), steting the underly	DI IC TO					
cause lest.	(c)	TIME TO DEATH BUT NOT B	LATER TO THE TERMINA	L DISSASS COMBITION OF	VENTINI DADT 1/-) 10. V	VAC ALITORY
PART II. OTHER SIGI	IFICANI CONDITIONS CONTRIBO	TING TO DEATH BUT NOT KI	LATED TO THE TERMINA	E DISEASE CONDITION GI		PERFORMED?
20a, ACCIDENT WAS U	NDERLYING TO 1 206 DESCRIBE	HOW INJURY OCCURED. (Er	ter neture of injury in Per	t Lor Pert II of item 18 )	YES	NO [
OR CONTRIBUTING C.	AUSE OF DEATH					
20c. TIME OF INJURY Hour e.m.			OF INJURY (Home, ferm, street, office bldg., etc.)	20f. (City or town)	(County)	(Stete)
Hour e.m.		et work				
21. I certify that	(I) (this hospital) attended t	the deceased from		, to Dec	il, 196.L., that	(i) (we) last
saw the deceased a	alive on Dec. 11	19 6 and that de	ath occured at	M, from the causes	and on the date	stated above.
220. STONATURE	000		ATTENDING ME	D. STAFF		22b. DATE SIGNED
Kaymond	Dradspan	M.D.	PHYS. DIR	ECTOR PHYS.	Dec	11,1961
22c. PHYSICIAN'S NAME (Type)	would Brade	1	22d. ADDRESS	St. Al. UW	colon c	S. A.L
23e. BURIAL, CREMATION,	23b DATE THEPEOF 1230	NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City, to	own or county)	ight the
REMOVAL (Specify)	30/35/63			** * * * * * * * * * * * * * * * * * * *		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Burlal 24 FUNERAL DIRECTOR'S SI	12/15/61 Mt		25e. REC'D	0,	D.C. EGISTRAR'S SIGNATURE	
Warner E. Pumph	rey. Inc. Silver	orgia Avenue Spring, Maryl	200	C 1 5 '61	Chilling S. Frans	
		1 O 1 O 1				

the state of the s William to a state of the state dries . The second of the seco

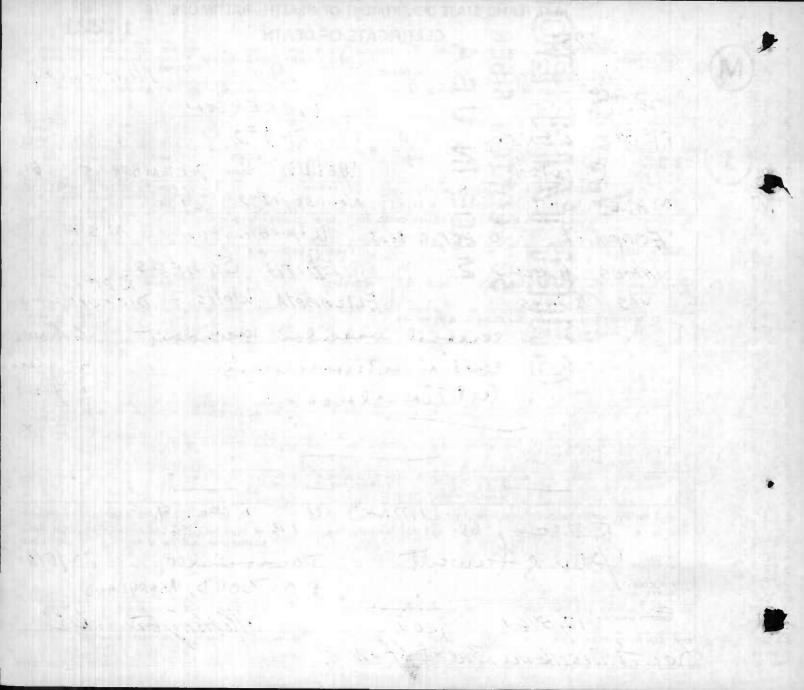
VS A1S (4) 1SM 9/5B

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

14221 Reg. Dist. No.

14251	CERTIFICA	ATE OF DEATH	Reg. Dist.	No.
1. PLACE OF DEATH O. COUNTY YOU 760 MERLY	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE	b. COUNTY A	before admission) 60 MERY
b. CITY OR TOWN (If outside corporate limits, write RURA) and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corp		e nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street on INSTITUTION DICKERS	address)	d. STREET ADDRESS P#2		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) CLINTON	Middle	WELLS, 4. DATE OF DEATH	AL CITION IN	Day Yeor 5/
S. SEX 6. COLOR OR RACE 7. MAR WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH NOV. 30, 1892	9. AGE (In years leave to solve the solve to solve the s	YEAR IF UNDER 24 HRS. bys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	AGRIC. Depi			NOF WHAT COUNTRY?
13. FATHER'S NAME  JAMES WELLS		14. MOTHER'S MAIDEN NAME	QUIRES	
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes, now war or doles of service)	SOCIAL SECURITY NO.	ELIZABETH WE	Address RD	1#2 KEKSON, ON D
1B. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ine for (o), (b), and (c).]	osculor ac	cident	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gave rise to immediate couse (a), stating the under-	reduct or	levisconi	~	z years
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in Port I or Po	ort II of item 18.)	
Hour a.m. While	L.	ACE OF INJURY (Home, form, ctory, street, affice bldg., etc.)	ty or town) (Cou	unty) (Stote)
21. I certify that I attended the decear alive an 5 Dec 19  ACTUAL SIGNATURE		n accurred atM, fram	Dec., 1961, that I last the causes and an the c (Street, city or town, stote)	saw the deceased date stated abave.  DATE SIGNED $12/5/6/$
PHYSICIAN'S () NAME (Type)		P.O. BO	YD, MARYLA.	ND
220. ATTOM. CREMATION, REMOVAL (Specify) 12/5/6/	22c. NAME SPEEMETERY C	111	AND GOVERNMENT OF COUNTY)	. Diotel
20. TIMESCHAFURE	300-46f	24g. REC'D BY REGI	STRAR 21. REGISTRAR'S SIGN	



ESTON STREET, BALTIMORE 1, MARY OF STATISTICAL RESEARCH AND CERTIFICATE Item 8 Film G302 TISUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) . PLACE OF DEATH e. COUNTY Film G305 Montgomerv b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 write RURAL end give neerest town) days Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) getown Town Suburban 3. NAME OF First Middle DECEASED OF Harriet Wentworth (Type or print) DEATH 5. SEX 7. MARRIED NEVER MARRIED lest birthdey) Female WIDOWED IX 1De. USUAL OCCUPATION (Give kind of work physician 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired HOME MAKER Mass. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please 1 aftending AVAILA BLE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (daughter-in-14%) (Yes, no, or unkown) | (If yes give we ror detes of service) 1B. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-fransit DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying has ceuse lest. 20e. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, ' 2Df. (City or town) Month, Dev. Yeer factory, street, office bldg., etc.) While Not While et work et work may be retain DIRECTOR: 22e. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S 23d. 23e. BURIAL, CREMATION, VR A15 (4)

15M 9/60

Montgomerv c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) Bethesda . IS RESIDENCE ON A FARM? YES NO T December 19 61 9. AGE (In yeers I F UNDER 1 YEAR | IF UNDER 24 HRS. 12. CITIZEN OF WHAT COUNTRY? WSA Jeanne Wentworth, 1312 Clifton St., INTERVAL BETWEEN ONSET AND DEATH unknown accinoma of transverse color PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO (County) (Stete) 19 61, and that death occured at 20M, from the causes and on the date stated above. DATE SIGNED CATION (City, town or county)

MARYLAND STATE DEPARTMENT OF HEALTH

Works of the decrisi × 12/3. 61 11/25 3 17 Marino A CONTRACT OF THE PARTY OF THE

PHYSICIAN: The law requires that the death certificate be executed within 24 hours after pletely filled in by the funeration Separate Pages 1 and 2 should within 72 hours after death. TO, HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be early. Page 4 may be retained by the hospital or attending physician.

\*\*TUNERAL DIRECTOR: A per this certificate has been signed by the attending physician and sirector, page 3 should be detached for use as the burial-transit permit. Then please remove, page be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with VR A15 (4) 15M 7/61

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14253 CERTIFICATE OF DEATH

LACE OF DEATH COUNTY  Montgomery  CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Bethesda (Rural)  83 days	a. STATE b. COUNTY
CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Bethesda (Rural)  83 days	a. SIAIE
Bethesda (Rural) 83 days	Maryland Nant camer
Bethesda(Rural) 83 days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	26 Silver Springs
NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   e. IS RESIDENCE
	ON A FARM?
U.S. Naval Hospital	1905 East-West Highway Apt202 YES NO €
IAME OF First Middle	Last 4. DATE Month Day Year
ype or print) Luke Matthew W	WHITE December 31 1961
EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	23 April 1937n 24 yrs. Months Days Hours Min.
USUAL OCCUPATION (Give kind of work   10b, KIND OF BUSINESS OR INDUSTRY	
during most of working life, aven if retirad)  S. Navy	TICA
FATHER'S NAME	New Jersey USA  14. MOTHER'S MAIDEN NAME
AND THE WHITE	Mary FORBES
WAS DECEASED EVER'IN U.S. ATMED FORCES?   16. SOCIAL SECURITY NO.   17. III	NFORMANT AddraSilver Spring, Md.
	fe) Jeanne A. WHITE 1905 E. W. Hwy.
18. CAUSE OF DEATH [Enter only one causa par lina for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a) THURSES FATURE	carcinoma 14 mos.
DUE TO	
Conditions, if any, which (b)	
gave rise to immediata causa  (a), stating the underlying  DUE TO	
causa last. (c)	
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	PERFORMED?
108. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCURED.	YES XX NO
108. ACCIDENT WAS UNDERSTING [ 20b. DESCRIBE HOW INJURY OCCURED. PRONTING [ CAUSE OF DEATH   10b. DESCRIPTION [ CAUSE OF DEATH   10b. DESCRIPTION [ CAUSE OF DEATH   10b. DESCRIBE HOW INJURY OCCURED. PRONTING [ CAUSE OF DEATH   10b. DESCRIBE HOW INJURY OCCURED. PRONTING [ CAUSE OF DEATH   10b. DESCRIBE HOW INJURY OCCURED. PRONTING [ CAUSE OF DEATH   10b. DESCRIPTION [ CAUSE OF	. (Enter natura of injury in Part I or Part II of item 18.)
	CE OF INJURY (Homa, farm, † 20f. (City or town) (County) (State)
	ory, straat, office bidg., atc.)
P.III. 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Cent 0 10 67 . Dog 27 10 67 . VV . )
	Sept9., 19.61 to Dec31, 19.61, that XX (we) last
	death occured a: 15AM, from the causes and on the date stated above.
aw the deceased alive on Dec. 31, 1961, and that	ATTENDING MED. STAFF TO DOCUMENT OF SIGNED
aw the deceased alive on Dec. 31, 1961, and that	nive Diseason Dailys III December 31.
naw the deceased alive on Dec. 31, 1961, and that 22a. SIGNATURE	PHYS. December 31, PHYS. X December 31, PHYS. W. S. Naval Hospital Bethesda, Md.
aw the deceased alive on Dec. 31, 1961, and that 22. SIGNATURE  William C. William M.  12c. PHYSICIAN'S NAMBITATION P. URSHEL LT, MC, USN	U. S. Naval Hospital Bethesda, Md.
taw the deceased alive on Dec. 31, 1961, and that 22s. SIGNATURE  William P. URSHEL LT, MC, USN  BURIAL, CREMATION, 23b. DATE THEREOF  MOVAL (Specify)  23c. NAME OF CEMETERY C.	22d. ADDRESS U. S. Naval Hospital Bethesda, Md.  OR CREMATORY  23d. LOCATION (City, town or county)  (State)
aw the deceased alive on Dec. 31, 1961, and that  22a. SIGNATURE  William P. URSHEL LT, MC, USN  BURIAL, CREMATION, 23b. DATE THEREOF  MOVAL (Specify)  1-2-62  Rosedale Cre	22d. ADDRESS U. S. Naval Hospital Bethesda, Md.  OR CREMATORY  23d. LOCATION (City, town or county)  matory  Orange, N. J.
aw the deceased alive on Dec. 31, 1961, and that  22a. SIGNATURE  William P. URSHEL LT, MC, USN  BURIAL, CREMATION, 23b. DATE THEREOF  MOVAL (Specify)  1-2-62  Rosedale Cre	22d. ADDRESS U. S. Naval Hospital Bethesda, Md.  OR CREMATORY 23d. LOCATION (City, town or county) (State)

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William D. URSHIN IT, MJ, Util J. U. S. Nevel. Rospital Balteria, Md.

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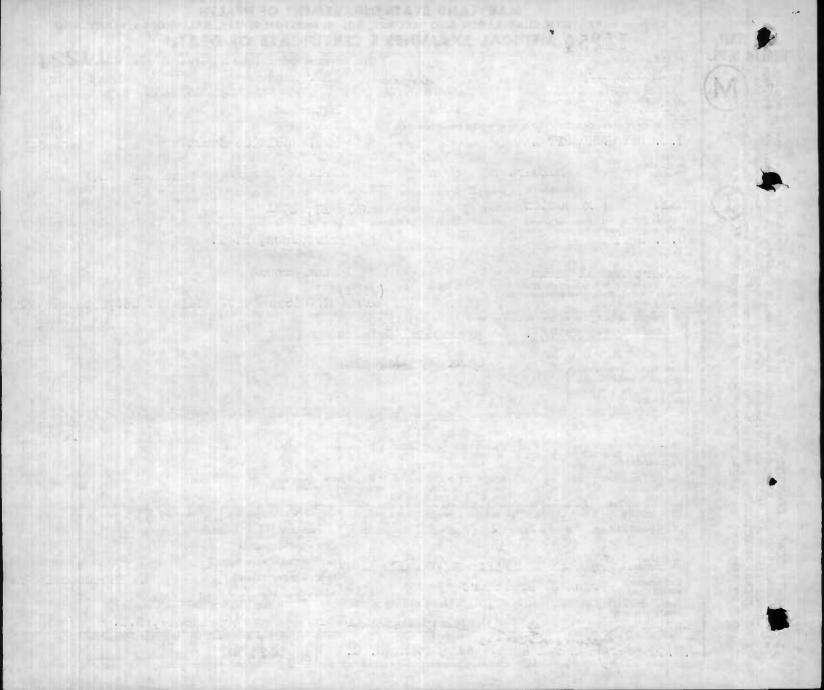
fany delay is necessary, he funeral director, Page of Health. retained for your files. The EPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after det. If any delay is receive the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3. The funeral direction of a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you to PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 pages.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14254 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1.	PLACE OF DEATH a. COUNTY Montgon		MARYLAND	2. USUAL RESIDENCE	E (Where decessed lived, I	INITY	idence beginnission) Ontgomery
1	b. CITY OR TOWN (in Rural, Be	outsida corporata limits, give neerest town) Thesua	c. LENGTH OF STAY IN 16 DOA		outsida corporate limits, wr		
	U.S. NAVAI	AL OR INSTITUTION (if not in hos HOSPITAL	pital, give street eddress)	d. STREET ADDRESS 9207 Adel	aide Court		a. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	First Delbert	Middle Swan	Last Wicks	4. DATE Mon		Dey Yeer
5.	sex Male	6. COLOR OR RACE 7. MARRIE Caucasion WIDOWE	DE NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In year last birthday)		
10 d	. USUAL OCCUPATI		D DIVORCED	July 17, 1911 Y 11. BIRTHPLACE (State of Providence	r foreign country)	12. CITIZE	N OF WHAT COUNTRY?
	. FATHER'S NAME			14. MOTHER'S MAIDEN N			
15	Delbert Sal . WAS DECEASED EVE es, no, or unkown) (If Yes		W	Anna Arno NFORMANT Isie R. Wicks	Addre		Bethesda,Md
	IB. CAUSE OF DE	EATH [Enter only one cause per I I WAS CAUSED BY: MMEDIATE CAUSE (e)					INTERVAL BETWEEN ONSET AND DEATH
ATION	Conditions, if eny gava rise to immedia (e), stetting the uncause lest.  PART II. OTHER	ta cause (b)	Coronary Occlu		al disease condition gi	VEN IN PART 10	PERFORMED?
CERTIFICATION	200. EXTERNAL CA PRIMARY Or CO! CAUSE OF DEATH.		IBE HOW INJURY OCCURED. (E	inter natura of Injury in Part I	or Part II of itam 18.)		YES NO
MEDICAL	20c. TIME OF INJUI Hour a.m.	Y Month, Day, Yeer 2Dd. Whila	Not While fact	CE OF INJURY (Homa, ferm, ory, street, office bldg., etc.)	20f. (City or town)	(County	) (State)
	21. I certify the	at I took charge of the removement Natural causes .	-		_	-	nd in my opinion  DATE SIGNED
	EXAMINER'S NAME (Type)	Frank 9. Brosch	art	DEPUTY MEDICAL   Address (Street, cit	EXAMINER ()	18 De	ecember 1961
23	REMOVAL (Specify) Burial B. FUNERAL DIRECTOR	12-18-61 James Krour	22c. NAME OF CEMETERY OR Highland Memor ADDRESS	crematory 2 ial Park 248. REC'E	2d. LOCATION (City, tow providence By registrar   24b. ref	e, R.I.	(Stata)
W	.W.Chamber	Funeral Home,	Washington, D.	C. DATE DEG	21 '61	med &. The	aua



JUNERAL DIRECTOR: After director, page 3 should be detached be filed with the State Dept. of Hea OR ATTENDING

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PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the hospital or attending physician.	cate	d for use as the burial-transit permit. Then please ramove carbon papers. Pages 1 and 2 should	(
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MARYLAND STATE D	EPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORD	S, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14255 CERTIFICAT	TE OF DEATH
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission)
o. COUNTY	a. STATE Maryland b. COUNTY Montgomery
Montgomery Maryland  b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	Maryland Montgomery  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	PM
Bethesda  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give straet address)	d. STREET ADDRESS o, IS RESIDENCE
	ON A FARM?
5833 Osceola Court  3. NAME OF First Middle	5833 Osceola Court
DECEASED	Last 4. DATE Month Dey Yeer OF
(Type or print) Ione Elizabeth	Wieker Dec. 20 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED   B.	DATE OF BIRTH  9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.  last birthdey)  Months Deys Hours Min.
Female White WIDOWED DIVORCED	7/25/1912 49 49 4 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	
Housewife	Iowa USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas C. Anderson	Lura M. Matteson
15 WAS DECEASED EVED IN HIS ADMED ECOCCES 114 SOCIAL SECURITY NO. 1 17 Y	NFORMANT Address
(Yes, no, or unkown) (Il yes give wer or detes of service) 556-07-9669  No. 100 No. 10	ohn L. Wieker-Husband-same 2d
1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTÉRVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Has tro in tes 7	timal Hemorrhage I hour
154 V DUE TO	ma removede I would
	+
	estension I year
(e), stating the underlying DUE TO	· O · / Brimary / 1/2
z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	or related to the terminal disease condition given in part 1/21 years
FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED?
OF THE PROPERTY OF THE PROPERT	YES NO
OR CONTRIBUTING CAUSE OF DEATH	. (Enter neture of injury In Part I or Pert II of item 18.)
	CE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
Hour e.m. While Not Whila at work et work	ory, streat, office breds, etc.)
21. I certify that (I) (this hospital) attended the deceased from	In ay , 1960, to Dec. 20, 1961, that (1) (was) last
	death occured at A.M. from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF DIRECTOR PHYS.   12/20/61
22c. PHYSICIAN'S NAME (Type)	22d, ADDRESS
Clifton R. Gruver	913 19 ST.N.W. Hash 64
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY   23d. LOCATION (City, town or county) (State)

23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)

Parklawn Cemetery

Rockville, Maryland

BOFTal 12/22/61 ADDRESS Robert A. Pumphrey, Bethesda, Maryland

DATE DEC 2 2 '61

25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

arthur S. Thomas

VR A15 (4)

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Propriogramy		Diffe	Ivras		vzego, moż	
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ia .		.osu	recei	Wilsonella .		
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		noninada	E. M. attird		Thomas C. Ander	
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	13					
					Capped K. L.	
				Gruven .	Clitton R	
	ISBS Syman				10/25/61	
			yland on which	Bethesda, Hor	oort A. Eumpheey,	

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

14256

	PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (\	Where deceased li		n: Residence	afore adupt	50-0
A	Montgomery	MARYLAND		yland	b. COUNTY	Montg	omery	7
1	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside carporat	e limits, write RU	RAL and give	nearest taw	n)
L	Bethesda		56 Bet	hesda			-	
	<ul> <li>NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION</li> </ul>	oddress)	d. STREET ADDRESS					SIDENCE A FARM?
L	5320 Yorktown Road		532	0 Yorkt	own Ro	ad	YES [	NO 🔀
3.	NAME OF First	Middle	Lost	4. DATE OF	Manth		Day	Year
	(Type or print) OR15	BENTON	WILLIAMS	DEATH	Dec			1961
5.	SEX 6. COLOR OR RACE 7. MARK	RIED NEVER MARRIED	8. DATE OF BIRTH	9.	1 . 1	Months Do		ER 24 HRS.
	MALE White WIDOW	ED DIVORCED	6/27/12		49 yrs.	5	6	Min.
100	USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)					12. CITIZEN	OF WHAT	COUNTRY?
L	Salesman  Grant Salesman  Salesman	Real Estate	Nort	h Carol	ina	U	SA	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME				
L	James McKee William	ns	Emma	Grimso	n			
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. s. no. or unknown)   (If yes, give war ar dates of service)		NFORMANT		Addre			
	Yes WW 2 02	23-03-4840	Joyce M. W	illiams	, Wife	-same	2d	
	18. CAUSE OF DEATH [Enter only one couse per li	ne for (o), (b), and (c).]					INTERVAL 8	
	PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	CORONARY F	IRtery 1	DISTAS	e			4RS
	4201 DUE TO		/				/	
	Canditians, if any, which ) (b)	PERMIT		10-50				
	gave rise to immediate cause (o), stoting the under-							
	lying couse last. (c)			4,100				
CATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE C	ONDITION GIVE	N IN PART 1	a) 19. WAS PERFO	AUTOPSY ORMED?
S							YES [	] NO ₩
CERTIF	20a. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury i	in Port I or Part II	of item 18.)			
3	20c. TIME OF INJURY Manth, Day, Year 20d. II	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, fo	orm, 20f. (City a	tawn)	(Cou	nty)	(State)
MEDI	Haur o. m. While of wor	Not while fa	ctary, street, affice bldg.,	etc.)				
1	21. I certify that (I) (this haspital) attend		N. Carlotte	248 to D	ec 3	10/1	45-4 /1)	( - \ 1 - ·
	saw the deceased alive an Nov ?	19.6.1., and that a		-42				
	22a. SIGNATURE	n national contract of	dearn accurred die	E.W. Iram Tr	e causes and	an the a		2b. DATE
	Dollitt E- Do for	wite	M.D. PHYS.	MED.	STAFF PHYS.		12	SIGNED
	22c. PHYSICIAN'S	V -7	22d. ADDRESS	DIRECTOR LJ	71110.	,	,	20
	NAME (Type) DEW.TT E.	DeLAWTER	8025 AB	ERDEEN	Rd. 1	3 ethes	JA 14.	, md
23	Bremoval (Specify) 12/6/61	23c. NAME OF CEMETERY C			N (City, tawn, a	caunty)	(Sto	ite)
	227 07 02	Arlington		Arlin	-	Virgi		
	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		C'D BY REGISTRA	R 2Sb. REGIST	TRAR'S SIGN.	ATURE	
L	Robert A. Pumphrey, I	setnesda, Ma	ryland DATE	DEG 6 '61	Cai	in 8 4	2000	

And iones dayou state I loss a done in d Comment of the state of the sta of the area of the control of the co Provided White Branch THE REPORT OF THE PROPERTY OF The sale was at the great of the party of the training Rooses at supporter, Pethonday Haryland Labour

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after th. Page 4 may be retained by the hospital or attending physician.

UNERAL DIRECTOR: All this certificate has been signed by the attending physician and the please of the place of the place

VR A15 (4) 15M 9/60 M

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE LAMARYLAND
CERTIFICATE OF DEATH

1.	PLACE OF DEATH				11 2	USUAL RESIDE	NCE (Where	deceased lived, If	institution: Res	idence before	admission)
	a. COUNTY	Mantanna		The same of		e. STATE		b. COUN			./
_	b. CITY OR TOWN (if	Montgome	5T.À	MARYLA		CITY OD TOWA	D.C.	orporete limits, writ	DIIDAI - I	5.5 T	V
	write RURAL and	give neerest town)	ITS,	c. LENGTH OF STAY	IIA 1D				NUKAL and	IAS Declasi to	wn)
_	Takoma						ngton		47	X . 3	
				ospital, giva streat address	()	d. STREET ADDRES	SS				A FARM?
		roft N Ho				5811		h. St N		YES [	NO
3.	NAME OF DECEASED	First		Middle		Lest	4. DAT			Dey Ye	er
	(Type or print)	<b>Iae</b>		F	W-	llson	DEA'	TH Decemb	per 10	19	61.
5.	SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	8. D	ATE OF BIRTH		9. AGE (In years			R 24 HRS.
	Female	White	WIDOW			Dec. 14,	1879	81 yrs.	Months De	ys Hours	Min.
10	. USUAL OCCUPATION	ON (Give kind of work	k 10b.	KIND OF BUSINESS OR IN	NDUSTRY	11. BIRTHPLACE (Co	ounty & Stete,	or foreign country)	12. CITIZI	N OF WHAT	COUNTRY?
1 00	one during most of wor	king life, even if felife	(1)	None		Ohio				TT C	
13	FATHER'S NAME		1	MOITE	14	MOTHER'S MAIDE	EN NAME			U.S.	
	Georg	ge A Frey				Mary R	11011				
15				SOCIAL SECURITY NO.	17. INF		luuy	Address			
(Y	es, no, or unkown) (If	yes give weror detes of	service)					5033			
_	Lie		1			H.E. Ma	tthia.	s- 5811	-oth	St. D	. C.
		WAS CAUSED BY:		line for (e), (b), end (c).)						ONSET AND	
		MMEDIATE CAUSE (a)	工	abar Preu	mori	ca				6 d	
	4-17	DUE TO									
9	Conditions, if any	which ) (b)									
	gave rise to immedie	ote ceuse									
	(a), steting the un	derlying									
7		SIGNIFICANT COND	TIONS CO	NTRIBUTING TO DEATH	BUT NOT P	TATED TO THE TER	MINAL DISEA	SE CONDITION GIV	FN IN PART 1	a) 19 WAS	AUTOPSY
CERTIFICATION	TAKI II. OTTEK			eratio car	-					YES T	ORMED?
IFIC/	20a. ACCIDENT WA	00		SCRIBE HOW INJURY OF				rt II of item 18.)		1 110	110
		CAUSE OF DEATH MEDICAL EXAMINER)									
MEDICAL	20c. TIME OF INJUI	RY Month, Day, Ye	er   20d. Whi			OF INJURY (Home, for street, office bldg., a		City or town)	(County	y)	(State)
WED	Hour a.m.	19	at wo		,						
		nat (I) (this hospi	ial) atte	nded the deceased	from	Dans	. 1955.	to Diec 1	0 1961	. that (1)	(we) last
				8 19.6.1., and							
	22a. SIGNATURE	ed alive on	Mark to a		d Inai de	ain occured ai.	3.43.411, 11	Out the causes	and on m		b. DATE
	228. SIGNATURE	moto	thus	an	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.			SIGNED
	22c. PHYSICIAN'S NAME (Type)	M. F. (	TTC	MAN		22d. ADDRESS 401	Kenn	ephy lot 2	w		
23	a. BURIAL, CREMATIC	ON, 236. DATE THE	REOF	23c. NAME OF CEM	ETERY OR	CREMATORY	23d. LC	DCATION (City, to	wn or county)	(	Stata)
C	Fenal troin	12- 12		Leed s	Crei	natoium	V.	ashingto	on D.C		
24	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		25e. 1	REC'D BY REC	GISTRAR 256. RE	GISTRAR'S SI	GNATURE	
	-		= - V	ashington	D. C	DATE	DEC 1	3 '61	Cistley &	. Krana	
-					-						

Cedar Court all Mozes. E Goognam December 13 THE RESEARCH SERVICE THE REAL PROPERTY OF THE PARTY A THE REPORT OF THE PARTY OF TH Many of Many Many Cest water the treat the property of the contract of the contr 1.5 The same of th

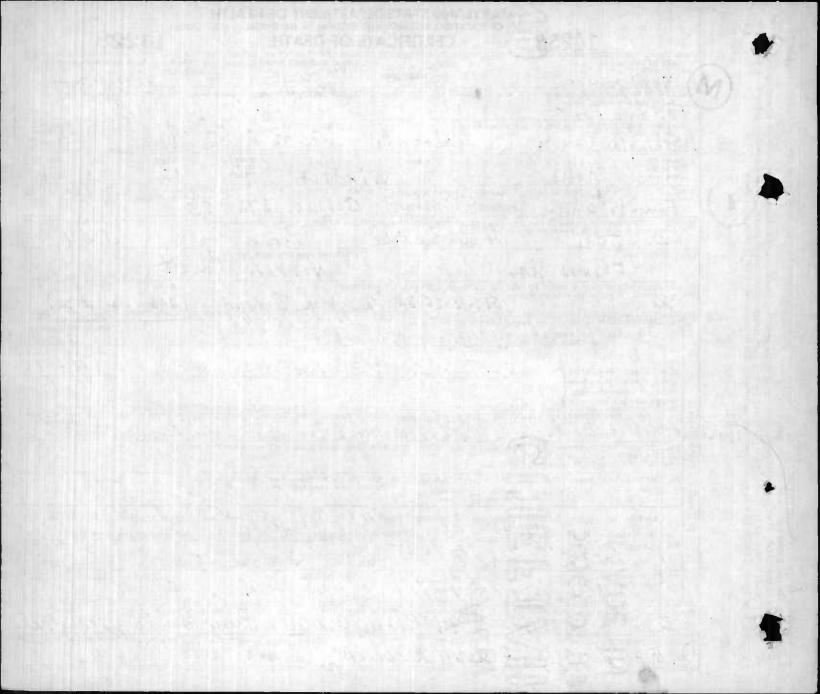
# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

14228

DECRASED  SEX    C. COLOR OR RACE   T. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   DIVONE (If overside corporate limits, write   C. CITY OR TOWN (If overside corporate limits, write   DIVONE (If overside corporate	Mentgemery
MARTLAND  MARTLAND  DECITY OR TOWN (If outside carporate limits, write DIRR) and give norgation of more neorgation of ne	Minegemely
BURKL and give neorest town)  d. NAME OF HOSPITAL (If not in hospital, give street address)  d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  3. NAME OF DECEASED  I DECEASED  100. USUAL OCCUPATION (Give kind of work done 100, kind of Business OR Industry 11. BIRTHPLACE (Stote or foreign country)  4. DATE OF DECEASED  100. USUAL OCCUPATION (Give kind of work done 100, kind of Business OR Industry 11. BIRTHPLACE (Stote or foreign country)  4. DATE OF BEATH  9. AGE (In log) birth  9. AGE (In log) birth  101. USUAL OCCUPATION (Give kind of work done 100, kind of Business OR Industry 11. BIRTHPLACE (Stote or foreign country)  4. DATE OF BEATH  102. USUAL OCCUPATION (Give kind of work done 100, kind of Business OR Industry 11. BIRTHPLACE (Stote or foreign country)  4. DATE OF BEATH  102. USUAL OCCUPATION (Give kind of work done 100, kind of Business OR Industry 11. BIRTHPLACE (Stote or foreign country)  4. DATE OF BEATH  103. USUAL OCCUPATION (Give kind of work done 100, kind of WID OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  113. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMSO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (15. WAS DECEASED EVER IN U. S. ARMSO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  15. WAS DECEASED EVER IN U. S. ARMSO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  16. SOCIAL SECURITY NO. 17. INFORMANT  17. INFORMANT  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c), 1  PART I. DEATH WAS CAUSED BY:  19. INFORMANT  19. INFORMANT  19. INFORMANT  19. INFORMANT  10. INFORMANT  10. INFORMANT  10. INFORMANT  11. DEATH WAS CAUSED BY:  11. INFORMANT  12. INFORMANT  13. INFORMANT  14. MOTHER'S MAIDEN  15. WAS DECEASED EVER IN U. S. ARMSO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  16. SOCIAL SECURITY NO. 17. INFORMANT  17. INFORMANT  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c), 1  19. INFORMANT  19. INFORMANT  19. INFORMANT  19. INFORMANT  10. INFORMANT  10. INFORMAN	write RURAL and give/nearest fown)
d. NAME OF HOSPITAL (If not in haspital, give street address)  OR NISTILLION  3. NAME OF DECEASED  I COLOR OR RACE  First  Middle  Lost  4. DATE OF DECEASED OF DEATH  S. SEX  6. COLOR OR RACE  7. MARRIED  NEVER MARRIED  B. DATE OF BIRTH  9. AGE (In lost birth  10st birth  10st USUAL OCCUPATION (Give kind of work done)  during most of warking life, even if retired)  WIDOWED  10s. USUAL OCCUPATION (Give kind of work done)  during most of warking life, even if retired)  WIDOWED  11s. FATHER'S NAME  11s. WAS DECEASED EVER IN U. S. ARMED FORCES?  (If yes, give warbordotes of service)  11s. WAS DECEASED EVER IN U. S. ARMED FORCES?  (If yes, give warbordotes of service)  11s. CAUSE OF DEATH  [Enter only one cause per line for (a), (b), ond (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Conditions, if any, which  gave rise to immediate  couse (o), stating the under-  lying couse lost.  (c)  PART N. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS  WAS DECEASED EVER IN COLOR OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS  AND PART N. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS  AND PART N. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS  AND PART N. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS  AND PART N. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS  AND PART N. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS  AND PART N. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS  AND PART N. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS  AND PART N. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS  AND PART N. OTHER SI	
3. NAME OF DECEASED  (Type or print)  5. SEX  6. COLOR OR RACE  WIDOWED  DIVORCED  DUATE  OF DEATH  1001  DIVORCED  101  USUAL OCCUPATION (Give kind of work done lob, kind of Business or Industry)  DIVORCED  11. BIRTHPLACE (Stote or foreign country)  Huraton lack Hotel  12. MATHER'S NAME  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  WIDOWED  15. WAS DECEASED EVER IN U. S. ARMSD FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT  (Vex. no. pr. unknown)  (If yex. give worker dates of service)  DUE TO  Conditions, if any, which  gave rise to immediate cause (o)  Conditions, if any, which  gave rise to immediate cause (o)  FART I. DEATH WAS CAUSED BY:  (b)  Conditions, if any, which  (c)  PART I. OF HER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS OF ARTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS OF ARTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS OF ARTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS OF ARTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS OF ARTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS OF ARTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS OF ARTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS OF ARTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS OF ARTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS OF ARTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS OF ARTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRI	e. IS RESIDENCE
DECEASED (Type or print)  5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH OUT OF WIDOWED DIVORCED C. 22. 1878  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  11a. FATHER'S NAME  11a. FATHER'S NAME  11b. WAS DECEASED EVER IN U. S. ARMED FORCES? 11c. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown)  11b. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  11b. Conditions, if any, which gave rise to immediate couse (o), stating the under-lying couse lost.  12c. Source of the print of th	Chence ON A FARM? YES NO []
100. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired)  110. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired)  110. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired)  110. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired)  110. USUAL OCCUPATION (Give kind of work done look kind of warking life, even if retired)  111. BIRTHPLACE (Stote or foreign country)  112. MOTHER'S MAIDEN NAME  113. FATHER'S NAME  114. MOTHER'S MAIDEN NAME  115. WAS DECEASED EVER IN U. S. ARMED FORCES?  116. SOCIAL SECURITY NO.  117. INFORMANT  117. INFORMANT  118. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c).]  119. PART I. DEATH WAS CAUSED BY:  110. USUAL CAUSE (a)  110. SOCIAL SECURITY NO.  110. INFORMANT  110. BIRTHPLACE (Stote or foreign country)  111. BIRTHPLACE (Stote or foreign country)  112. BIRTHPLACE (Stote or foreign country)  113. BIRTHPLACE (Stote or foreign country)  114. MOTHER'S MAIDEN NAME  115. WAS DECEASED EVER IN U. S. ARMED FORCES?  116. SOCIAL SECURITY NO.  117. INFORMANT  117. INFORMANT  117. INFORMANT  118. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c).]  119. PART I. DEATH WAS CAUSED BY:  119. USUAL CAUSE (a)  120. DECEASED EVER IN U. S. ARMED FORCES?  120. DECEASED EVER IN U. S. ARMED FORCES?  120. DECEASED EVER IN U. S. ARMED FORCES?  121. BIRTHPLACE (Stote or foreign country)  121. BIRTHPLACE (Stote or foreign country)  122. DEATH OF THE STOTE OF	Month Day Year 12 36 1961
10a. USUAA OCCUPATION (Give kind of work done during most of warking life, even if retired)  Alamatria  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMEO FORCES?  (If yes, give works doles of service)  16. SOCIAL SECURITY NO.  17. INFORMANT  (Yes, no. or unknown)  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate couse (b) Vonory  DUE TO  Conditions, if any, which gave rise to immediate couse (c)  IVENTOR OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS  ON ACCUSENT WAS UNDERDINALS (C)  PART M. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS  ON ACCUSENT WAS UNDERDINALS (M.) DESCRIPTION OF COURSES (CONDITIONS (LIBRED) (C) (C) (LIBRED) (C) (C) (LIBRED) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no. or unknown)  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Conditions, if any, which gave rise to immediate couse (o), storing the under- lying couse lost.  TART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS  TO DESCRIPTION OF THE PROPERTY OF THE PER LINE BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS  TO DESCRIPTION OF THE PER LINE BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS  TO DESCRIPTION OF THE PER LINE BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS  TO DESCRIPTION OF THE PER LINE BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS  TO DESCRIPTION OF THE PER LINE BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS  TO DESCRIPTION OF THE PER LINE BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS  TO DESCRIPTION OF THE PER LINE BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS  TO DESCRIPTION OF THE PER LINE BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS  TO DESCRIPTION OF THE PER LINE BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS  TO DESCRIPTION OF THE PER LINE BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS  TO DESCRIPTION OF THE PER LINE BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS  TO DESCRIPTION OF THE PER LINE BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS  TO DESCRIPTION OF THE PER LINE BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS  TO DESCRIPTION OF THE PER LINE BUT NOT RELATED TO THE PER LI	U.S.G.
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (If yes, no. or unknown)  (If yes, give worker doles of service)  (If yes, good of service)  (If yes,	et
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Conditions, if any, which gave rise to immediate couse (a), stating the under-lying couse lost.  Outer To  Outer Significant Conditions Contributing to Death But not related to the terminal disease Conditions  Outer To the Contribution of the United States of the Conditions Contributing to Death But not related to the terminal disease Conditions  Outer To the Conditions of the Conditions	1004
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lying couse lost.  (c)  SART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION  OF WILL COLOR LEGY - WILL ON DAY ON DESCRIPTION OF THE POPULATION OF THE PO	1,500
TO PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF THE PART HAVE A PART HOLD TO THE PART HOLD T	
20 to Pullbales legy - Julmonay Inchales Wit	ON GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
200. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port L or Port II of item)	heuporchenves 1 NO 12
OR CONTRIBUTING CAUSE OF DEATH (HER) OR CONTRIBUTING CAUSE OF DEATH (HER)	18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur o. m. 20f. (City or town) factory, street, office bldg., etc.)	(Caunty) (State)
Haur o. m. p. m.  19 While Not while of work   factory, street, office bldg., etc.)	
21. I certify that (1) (this hospital) attended the deceosed from 10 1 19 (1, to VII)	20, 1941, that (I) (we) lost
sow the deceased olive on 12/32//	es and on the dote stated above.
M.D. ATTENDING MED. STAFF PHYS. DIRECTOR DIRECTOR PHYS.	SIGNED /2/30/L/
1 22c. PHYSICIAN'S NAME (Type) POLENT RHOTHEL 122 Mound	et 45 kg
pulled for the first the f	w. Co. Maryland
2 FUNERAL DIRECTOR'S SUMATURE ADDRESS ADDRESS DATE JAN 3 '62 DATE JAN 3 '62	Cithury S. Huma

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page. NEAL DIRECTOR: After this Artificate has been signed by the attending physician and compleying Page 3 shauld be detached for use as the buriol-transit permit. Then please remave carbon papers. Frage the State Board of Health prior to burial, cremation, ar remaval, and in any event within 72 hours after dealther. VR A15 (4) 15M 9/59

"d in by the funeral directar



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14259 CERTIFICATE OF DEATH
14229

_		
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Whera decessed lived, If institution: Residence bafore edmission a. STATE b. COUNTY
_	Montgomery MARYLAND	md, Montgonery
	b. CITY OR TOWN (if outside corporete lymits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)
_	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Joandy Spring Md.
	Suburban Hosp	Box 271 - Brook Road YES DONO T
3.	NAME OF First Middle	Last 4. DATE Month Day Year
	(Type or print) Megrel W.	WISE DEATH DEC 5 196/
5.	SEX 6. COLOR OR RACE 7. MARRIED REVER MARRIED 8	DATE OF BIRTH  9. AGE (In years If UNDER 1 YEAR   If UNDER 24 HRS.  Lest birthdey) Months Deys Hours Min.
2-	WIDOWED DIVORCED	8-14-25 5 6 yrs.
Oa do	ne during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
	US 10 dign /V, I, M,	14. MOTHER'S MAIDEN NAME
1	Miliana Wica	
3.	WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. 1	INFORMANT W. F.C. Address Silver Spring
10	s, no, or unkown) (Ifyesgive werordetes of service)	HIE Wise RT. 2 Good Home Rd.
1	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INVERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: Hepatle for	rilue 3 days
	15/X DUE TO DO 1	1
	Conditions, if any, which geve rise to immediate cause	- Journalles Chilles
ı	(a), stating the underlying DUE TO Recullent ca	ichomo of stomach 24
l	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
		PERFORMED? YES X NO -
CENTILON	208. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH	), (Enter neture of injury in Pert I or Pert II of item 18.)
ı	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
VIED CO		ACE OF INJURY (Home, ferm, 2Df. (City or town) (Counly) (State) tory, street, office bldg., etc.)
1	p.m. 19 et work et work	
	21. I certify that (I) (this hospital) attended the deceased from.	
	saw the deceased alive on19	death occured at
	(1.1) (1) 11111	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 12 SIGN
	22c/PHASICIAN'S	22d. ADDRESS
	NAME (Type)	10620 Though (que hes
234	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REM SAT Segity 12/9/61 Sandy Sprin	
	7	
24	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ROCKVILLE, IN	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE  OATE DEC. 1 1 61 Carthur S. Water
- 1	Charles all and heart -	DATE DEC 11 61 COSMUL Z.

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after th. Page 4 may be retained by the hospital or attending physician.

UNERAL DIRECTOR: At this certificate has been signed by the attending physician and elected filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deeth executed within 24 hours after VR A15 (4) 15M 9/60

Section 18/9/11 Section, Sering Sering, Mi. .B. . Chiracol ...... Was and the second

# O HOSPITAL OR ALTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after ath. Page 4 may be retained by the hospital or attending physician. Provides and the property of the funeral FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and the poletal property filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, gremation, or removal, and in any event, within 72 hours after depth.

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VR A15 (4)

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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE MARYLAND

1/960 CERTIFICATE OF DEATH

1	Items 3 & 10b. Film (	2706 2/5/62 iwk -	
1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased kived, If institution)	lesidence before admission)
П	a. COUNTY	a. STATE DEL F C. S. COUNTY	
7	MARYLAND MARYLAND	Dist. of Columbia	Laborate Administration
-1	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL end	give nearest town;
1	Takoma Park 4 days	Washington	41X'3
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS	e. IS RESIDENCE
4	111001 L. Son & Horaidal	5732 2nd St. N.E.	YES NO V
1	3. NAME OF First Middle		
П	3. NAME OF Adddle Laurie	4. DATE Month	Dey Year
	(Type or print) Hund, [Lh/11/147]	WYKe (GIL PEATHST) Dec	26 1961
	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8	. DATE OF BIRTH 9. AGE (In years   IF UNDER 1	YEAR   IF UNDER 24 HRS.
	E 1. 1411 1		Days Hours Min.
-	remale White WIDOWED DIVORCED		TEN OF WHAT COUNTRYS
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, evan if retired) NSAA (National		ZEN OF WHAT COUNTRY?
- 1	Clerk ///HSecurity Ag	sexpest Virginia	1,5,A
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Da - les Pilas int	Betsy Ann-Wigal	
ŀ	Danielno Gilcurisi		
	(Yes no or unknown) ((Hyesnivewstord Hespfronice))	NFORMANT Address	
4	no 246-12-3174 Mag	Betty Everley 4804	
	18. CAUSE OF DEATH [Enter only one cause fee line for (a), (b), and (c).]	De A	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	beleken taskelie.	ONSET AND PEATH
	IMMEDIATE CAUSE (a)		
	DUE TO . To	OH A.	9 +
	Conditions, if any, which \ (b)	of the Wandles	11 mm
	gave rise to immediate cause DUE TO	c	
	(e), staring the underlying		
		T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1/a) 19 WAS AUTOPSY
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BOTTLE	TREATED TO THE TERMINAL DISEASE CONDITION OF STATE IN TAKE	PERFORMED?
	<u>8</u>		YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20s. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED  OR CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter natura of injury in Part I or Part II of item 18.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
Н	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm, 1 20f. (City or town) (Cou	nty) (State)
	Hour a.m. While Not While fact	ory, street, offica bldg., etc.)	
	p.m. 19 at work at work		
1	21. I certify that (I) (this hospital) attended the deceased from	19 to 15 19.	
	saw the deceased alive on/2/24 1961, and that	death occured at	he date stated above
	228. SIGNATURE ( ) 12 9 1 0 1 2 C		22b. DATE
Н	Ditt Mother Chat	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	SIGNED
		.D. PHTS. STREETON PHTS.	
.	22c. PHYSICIAN'S NAME (Type)	220, ADDRESS	
	[narles Wolonon		
	200.	OR CREMATORY 23d. LOCATION (City, town or count	y) (State)
	Burial (Specify) 12/28/1961 71 Lincol	Colman Mana	n. md
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S	7 /
	24 FORENCE DIRECTOR'S SIGNATURE		
	Francis Haschs Sons Hyalleville	y mo DATE AN 2 '62   wather &	There

towns to add a so to the same of the state of the

# pletely filled in by the funeral apers. Pages I and 2 should 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the Page 4 may be retained by the hospital or attending physician. "UNERAL DIRECTOR: After the serificate has been signed by the attending physician any pletely filled in by the funeral circle, page 3 should be detached for use as the burial-transit permit. Then please remove carb, sepers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14261 CERTIFICATE OF DEATH
14231

DECERSED (Type or print)   Naomi   R.   YOPS   DEATH   WILL   31   196	1. PLACE OF DEATH			2. USUAL RESIDENCE (Where decessed lived, If institution as STATE b. COUNTY	on; Residence before edmission)
wheaton Nursing Home  d. Name of Hospital or Institution (if not in hospital, give street eddress)  Wheaton Nursing Home  3. Name of Deceased  (Type or print)  5. SEX  6. COLOR OR RACE 7. MARRIED NIVOWED DIVORCED May 7, 1881  109. USUAL OCCUPATION (Give kind of work does does does does does does does does	Montgon	ery	MARYLAND	D.C.	V
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  Wheaton Nursing Home  3. NAME OF DECEASED (Type or print)  5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIE	b. CITY OR TOWN (i	outside corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURA	L and give neerest town)
Wheaton Nursing Home  742 Van Buren St. N.W.  743 Van Buren St. N.W.  744 Van Buren St. N.W.  745 No    745 No    746 No    746 No    747 Name Of Decarsed   196 No    748 No	Wheaton	dine usesess sowul	19 da	Washington	47x-3
Wheaton Nursing Home    Name of Decrased Nami   State	d. NAME OF HOSPIT	AL OR INSTITUTION (if not in h	ospital, give street eddress)	d. STREET ADDRESS	
DECERSED (Type or print)   Naomi   R.   YOPS   DEATH   WILL   31   196	Wheaton	Nursing Home		742 Van Buren St. 1	Y Y Y
Type or print    Naomi   R.   OPS   DEATH   C.   3   19   C.	3. NAME OF	First	Middle		Dey Year
Temale   white   widowed   Divorced   May 7, 1881   80 yrs.   Months   Doys		Naomi	R.		3/ 1961
Temale   white   widowed   Divorced   May 7, 1881   80 yrs.   Months   Doys	5. SEX	6. COLOR OR RACE 7. MARE	LIED INEVER MARRIED 1 8	DATE OF BIRTH 9. AGE (In years   IF UNI	DER 1 YEAR IF UNDER 24 HRS.
Mashington, D.C.  U.S.A.  13. FATHER'S NAME  James Garner  IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give were or deles of service)  NO  18. CAUSE OF DEATH [Enter only one ceuse posting for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  Conditions, if any, which gava rise to immediate ceuse (a), steling the underlying ceuse lest.  (c)  Washington, D.C.  U.S.A.  14. MOTHER'S MAIDEN NAME  Louisa Weaver  16. SOCIAL SECURITY NO. 17. INFORMANT  Otto E. Yopps 742 VanBuren St.N.W.  INTERVAL BETWEEN ONSET AND PLATH  ONSET AND  ONSET AND PLATH  ONS	female	male the a			ns Deys Hours Min.
housewife  Is. FATHER'S NAME  James Garner  Is. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ifyesgivewerordeles of service)  NO  18. CAUSE OF DEATH (Enter only one ceuse per three for (e), (b), end (c).)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  DUE TO  Conditions, if any, which gave rise to immediate ceuse (a), steling the underlying ceuse lest.  (c)  Washington, D.C.  U.S.A.  14. MOTHER'S MAIDEN NAME  LOUISA Weaver  Address  Otto E. Yopps 742 VanBuren St.N.W.  INTERVAL BETWEEN ONSET AND PEATH ONSET AND PEAT			KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME  James Garner  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ifyesgivewerordeles of service)  16. SOCIAL SECURITY NO. 17. INFORMANT  Otto E. Yopps 742 VanBuren St.N.W.  18. CAUSE OF DEATH [Enter only one ceuse per Imp for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  DUE TO  Conditions, if any, which gave rise to immediate ceuse (a), steling the underlying ceuse lest.  (c)				Washington D.C.	U.S.A.
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give were orderes of service)  NO  16. SOCIAL SECURITY NO.  17. INFORMANT  OUTO  O	13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME	0,00,
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give were orderes of service)  NO  16. SOCIAL SECURITY NO.  17. INFORMANT  OUTO  O	James C	arner		Louise Weeven	
(Yes, no, or unkown) (Ifyesgivewerordeles of service)  18. CAUSE OF DEATH [Enter only one ceuse per III for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  DUE TO  Conditions, if any, which gava rise to immediate ceuse (a), steling tha underlying  Couse lest.  Otto E. Yopps 742 VanBuren St.N.W.  INTERVAL BETWEEN ONSE; AND PEATH  Conditions, if any, which gava rise to immediate ceuse (a), steling tha underlying  Couse lest.			S. SOCIAL SECURITY NO.   17. I		-
18. CAUSE OF DEATH [Enter only one couse per the for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  DUE TO  Conditions, if any, which gave rise to immediate couse (e), stelling the underlying couse lest.  (c)  INTERVAL BETWEEN ONSET AND PEATH  CAUSE OF DEATH [Enter only one couse per the for (e), (b), end (c).]  INTERVAL BETWEEN ONSET AND PEATH  CONSTRUCTOR  CONSTRUCTOR  DUE TO  Couse lest.			0.5	to F Vonne 712 VenParer	S+ N W
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  Conditions, if any, which gave rise to immediate ceuse (a), stelling the underlying cause last.  Conditions, if any, which gave rise to immediate ceuse (b)  DUE TO  Couse last.		FRTH Itales or to		oo E. Topps (the validation	
Conditions, if any, which gave rise to immediate ceuse (a), stelling the underlying cause last.  Conditions, if any, which gave rise to immediate ceuse (a), stelling the underlying cause last.  Conditions, if any, which can be considered to the condition of the		/	for (e), (b), end (c).)		
Conditions, if any, which gava rise to immediate ceuse (a), steling the underlying cause lost.  (b) Cardit - Pascular - Renel Misease Sev, yr case lost.			andlac L	alure	2 Mayo
(a), stelling the underlying cause last.  (c)	7-4	DUE TO	1. 1/	1 1 11.	0/
(a), stelling the underlying cause last.  (c)	Conditions, if any	which (b)	ardir-Va	seular - Kenal Wise	200 2011/11
causa last. (c)		ata ceuse	1	the definition of the contraction of the contractio	in sevige
(c)		nderlying			
E   PARMIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN TAKE 1(8) 15. WAS AUTOFST		SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NO	T DELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	DART I(a): 10 WAS ALITORSY
PERFORMED?	PARTIL OTHER  20s. ACCIDENT W. OR CONTRIBUTING  UIF EITHER, NOTIFY	A L	NIKIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	
S Semility - (International YES NO NO	3 Denie	ity - INV	terroscer	isis	YES NO
20b. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.)	20a, ACCIDENT W	AS UNDERLYING 206. D	ESCRIBE HOW INJURY OCCURED	(Enter neture of injury in Pert I or Pert II of item 18.)	
OR CONTRIBUTING CAVSE OF DEATH OF LIFE EITHER, NOTIFY MEDICAL EXAMINER)	UF EITHER, NOTIFY	MEDICAL EXAMINER			
20c. TIME OF INJURY Month, Dey, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, ferm,   20f. (City or town) (County) (State)	20c. TIME OF INJU	RY Month, Dey, Yeer   200			(County) (State)
Hour a.m. While Nor While fectory, street, office bldg., etc.)	mi i		HO THING	ory, street, office bldg., etc.)	
		· ·		MM 10/1 10/10 31	41
21. I ceptify that (1) (this hospital) attended the deceased from 1967 to NCC 31., 14., that (1) (we) last	/ /				
saw the deceased alive on		ed alive on		death occured are 7.4M from the causes and	
228. SGNATURE ATTENDING MED. STAFF 22b. DATE.	22a. SGNATURE	IMA	,	ATTENDING MED. STAFF	
MULLIFOCA PRISARES M.D. PHYS. DIRECTOR PHYS. 12/2/160	Min	MARCO CALELL	sold M	DILVE DIRECTOR DILVE	12/2/16
22c. PHYS CAN'S NAMY (TYPE)  LYNWOOD HEIGES MD FACA:	22c. PHYSICIAN'S		ALYNWOOD HE		الدار
NAMY (TYPE) LTNWOOD HEIGES, MD, FACA.	(Type)		ADAG DI	GES, MD, FACA	16
230. BURIAL, CREMINION, 236. DATE THEREOF 23c. NAME OF CEMETER OF CREMINION W. 23d. LOCATION (City, town or county) (Stote)	230. BURIAL, CREMENT	D₩,   23b. DATE THEREOF	23c. NAME OF CEMETERY	SKICKEMATON W.   23d. LOCATION (City, town or o	ounty) (Stete)
Washington 12, D. C. Pr. Geo. Co. Maryland	TRIMO YOU HE processy)			12. D. C. Pr. Geo. Co. N	
DUP181 1/2/62 Ft. Lincoln Cemetery Fr. USO. Co., Mary 1810  4 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE		1/2/0C		O CAME O CATA	
All The Property of the state o	24 FUNERAL DIRECTOR	71: -/:	2.901 14th	1. / 100 /71.71	8. Thunk
The fit Heres Co, LYOI 14 ST. N.W. DATE JAN 3 162 Command The	- 1K1 277.	Heres Co.	-101 IT SI.1	DATE JAN 3	

